




# Del Norte County California - Child and Family Services Review

## System Improvement Plan [NOVEMBER 2014 TO NOVEMBER 2019]



<b>County</b>	Del Norte County
<b>SIP Period Plan Dates</b>	November 19, 2014 to November 19, 2019
<b>Outcome Data Period</b>	Baseline: January 2014; Data extract: Q3 2013.
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## Introduction

### **California Child and Family Services Review (C-CFSR)**

In 1994, amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (HHS) to review state child and family service programs' conformity with the requirements in Titles IV-B and IV-E of the SSA. In response, the Federal Children's Bureau initiated the Child and Family Services Reviews (CFSR) nationwide in 2000. It marked the first time the federal government evaluated state child welfare service programs using performance based outcome measures in contrast to solely assessing indicators of processes associated with the provision of child welfare services. California was first reviewed by the Federal Health and Human Services Agency in 2002 and began its first round of the CFSRs in the same year. Ultimately, the goal of the CFSRs is to help each state achieve consistent improvement in Child Welfare Service and Juvenile Probation Department, to delivery and outcomes essential to the safety, permanency, and well-being of children and their families.

The California Child and Family Services Review (C-CFSR), is an outcome-based review mandated by the Child Welfare System Improvement and Accountability Act (Assembly Bill 636), that was passed by the state legislature in 2001. The goal of the C-CFSR is to establish and subsequently strengthen a system of accountability for child and family outcomes resulting from the array of services offered by California's Child Welfare Services (CWS) and Juvenile Probation Departments. As a state-county partnership, this accountability system is an enhanced version of the federal oversight system mandated by Congress to monitor states' performance, and is comprised of multiple elements.

### **Quarterly Outcome and Accountability Data Reports**

The California Department of Social Services (CDSS) issues quarterly data reports which include key safety, permanency and well-being outcomes for each county. These quarterly reports provide summary-level federal and state program measures that serve as the basis for the C-CFSR and are used to track performance over time. Data is used to inform and guide both the assessment and planning processes, and is used to analyze policies and procedures. This level of evaluation allows for a systematic assessment of program strengths and limitations in order to improve service delivery. Linking program processes or performance with federal and

state outcomes helps social workers and probation officers to evaluate their progress and modify the program or practice as appropriate. Information obtained can be used by administration to make decisions about future program goals, strategies, and options. In addition, this reporting cycle is consistent with the concept of continuous quality improvement (CQI) which begins with the identification and analysis of the current system, implementation of solutions which are tested, and an ongoing evaluation and revision of those solutions for continuous improvement.

### **County Self-Assessment (CSA) and Peer Review (PR)**

Though Del Norte County Child Welfare Services retains overall accountability for conducting and completing this assessment, the process reviews the full scope of child welfare and juvenile probation services provided within the county. A CSA is developed every five years by the lead agencies in coordination with their local community and prevention partners. The CSA is a comprehensive review of each county's Child Welfare Services (CWS) and Juvenile Probation (Probation), foster care programs. It affords an opportunity for the quantitative analysis of CWS and Probation data. Embedded in this process is the Peer Review (PR), formerly known as the Peer Quality Case Review (PQCR). The design of the PR is intended to provide counties with issue-specific, qualitative information gathered by outside peer experts. Information garnered through intensive case worker interviews and focus groups helps to illuminate areas of program strength, as well as those in which improvement is needed. In April 2014, Del Norte County completed its Peer Review (PR).

During the CSA process, a number of unmet needs and service gaps were identified:

- Lack of consistent mental/behavioral health services was identified as the single most critical gap impacting the success of children, youth and parents.
- Participants noted that both Remi Vista, Inc., the children's mental health provider, and County Mental Health (MH) struggle with staff retention which adversely impacts therapeutic outcomes. Additionally, MH is unable to recruit professional staff due to salaries being significantly less than those in almost all other California counties.
- Mental Health has been reduced to crisis services resulting in the inability of parents and young adults to receive change oriented services addressing behavioral health needs.

- Inadequate transportation for youth and families has been consistently named as a barrier to receiving services and accessing needed resources in the County. Services and resources are centralized in Crescent City with little available in outlying areas including access to adequate affordable housing and to a full service grocery store detrimentally impacts family instability. Reliable countywide and inexpensive transportation would be transformational for many residents.
- It was noted in the CSA that both Probation and CWS lack a structured *Family Finding* policy/procedure. Currently, for CWS, the process is somewhat disjointed. It includes gathering information informally through parent interviews and during Facilitated Family Meetings (FFM) where natural family supports are frequently present, as well as data base searches typically completed at the beginning of a case. A policy and procedure could improve consistency in screening, follow up and centralized documentation of these efforts.
- Substance abuse treatment and relapse prevention services available in the county are inadequate relative to the very high incidence of substance abuse related crime, domestic violence, child abuse, and negative health outcomes related to substance abuse that have been documented in the County. Services have been adversely impacted by the inability to hire qualified staff due to inadequate salaries. Of particular note is the lack of substance abuse treatment for the Native American population; presently, there is one counselor available at United Indian Health Services (UIHS) for the entire Native American population in the County.
- Participants noted that there was minimal involvement by fathers in CWS case planning. Given the importance of fathers in the life of a child, more effort should be given to locating and actively engaging the fathers. Linked to this observation, there are a relatively high percentage of parents (primarily fathers) who are incarcerated during the timeframe services are occurring, creating a barrier to successful reunification.
- Aftercare for families following reunification was seen as inadequate, with the typical length being three to six months, leaving families unsupported at a time many parents identify as the most stressful because they are often newly clean/sober and are actively parenting for perhaps the first time.

- The placement capacity for Probation and CWS was viewed as inadequate. Placement is often determined based on availability versus “best fit” therefore not meeting the specific needs of the child or youth. Clearly, there is a need to expand placement resources within the county which includes the need to intensify efforts to make initial placements with relative, tribal and non-related extended family member (NREFM) care providers and to target recruitment within the community to expand placement resources for teens, sibling groups and tribal children.

### **System Improvement Plan (SIP)**

Largely, information gathered from both the CSA and the PR serves as the foundation for the SIP. The SIP serves as the operational agreement between the County and State, outlining how the County will improve its system to provide better outcomes for children, youth and families. Quarterly county data reports, quarterly monitoring by CDSS, and annual SIP progress reports are the mechanism for tracking progress of the County’s SIP. The SIP is developed every five years by the lead agencies in collaboration with their local community and prevention partners. The SIP includes specific action steps, timeframes, and improvement targets and is agreed to by CDSS and the Office of Child Abuse Prevention (OCAP), and then approved by the County Board of Supervisors. The plan is a commitment to specific measurable improvements in performance outcomes that the County will achieve within a defined timeframe. The plan includes prevention based strategies and programming. Counties, in partnership with the state, utilize quarterly data reports to track progress. The process is a continuous cycle and the county systematically attempts to improve outcomes. The SIP is updated yearly and thus, becomes one mechanism through which counties report on progress toward meeting agreed upon improvement goals.

In 2014, CWS, in partnership with Juvenile Probation, conducted extensive analyses of its services, programs and processes, the findings of which are detailed in the 2014 CSA Report, available at <http://www.childsworld.ca.gov/PG1419.htm> . The primary purpose for the analysis is to identify areas of strengths and challenges within CWS and Probation systems; to engage internal and external stakeholders in creating a shared sense of ownership of child protection; and to creatively and collaboratively co-create solutions to areas of greatest need. Del Norte County used a multifaceted approach to developing the SIP including findings from the CSA, quantitative and qualitative data analysis, staff and community meetings, and a survey.



### Office of Child Abuse Prevention (OCAP)

The OCAP consultant provides technical assistance in the development, review and approval of the CSA and the SIP relative to CAPIT/CBCAP/PSSF program requirements. Additionally, the consultant assists by identifying and disseminating information between counties on effective and allowable prevention, early intervention and treatment services through Child Abuse Prevention Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) Annual Reporting components of the C-CFSR process. The OCAP consultant must review and approve any change prior to expenditure of funds.

### SIP Narrative

On September 8, 2014 the C-CFSR team for CWS and Probation was re-engaged following the completion of the CSA. This occurred during a regular quarterly meeting of the Blue Ribbon Commission. The same list of CSA invitees/stakeholders was used. Findings of the CSA were discussed and stakeholders were informed that a survey would be forthcoming, requesting additional input on key needs and services as identified in the CSA.

#### A. C-CFSR Team

Name	Job Title	Agency
Anderson, Melinda	Social Worker IV	Department of Health and Human Services
Baldwin, Vickie	Incredible Years Coordinator	Del Norte Child Care Council
Ballou, Christine	Special Education Director	Del Norte Unified School District
Bancroft, Randy	Employment Consultant, Youth Coordinator	Workforce Center/RHS
Boylan, Tedee	Adoption Specialist	State Adoptions
Bruebaker, Jermaine	Project Manager	Opportunity Youth Initiative

Cable, Elizabeth	Deputy County Counsel	County Counsel
Cain, Julie	Child Welfare Services Supervisor	Department of Health and Human Services
Cannon, Melody	Program Manager, Health Department	Department of Health and Human Services
Chavez-Fong, Carmen	Program Manager, Public Assistance and Employment and Training Branch	Department of Health and Human Services
Clough, Marci	Social Worker III	Department of Health and Human Services
Cumbra, Dan	Program Manager, Alcohol and Other Drugs	Department of Health and Human Services
Davis, Amber	Staff Services Analyst II	Department of Health and Human Services
Davis, Sheila	Social Worker III	Department of Health and Human Services
England, Georgia	Social Worker III	Department of Health and Human Services
Farren, Cindy	Social Worker III	Department of Health and Human Services
Ferguson, Jesse	Eligibility Worker	Department of Health and Human Services
Frazee, Kyle	Legal Clerk	Department of Health and Human Services
Freidrich, Heather	Social Worker III	Department of Health and Human Services
Golden, Melissa	Eligibility Worker	Department of Health and Human Services
Hawthorne, Paulie	Social Worker	Smith River Rancheria
Harte-Lehman, Robin	Social Services Aide	Department of Health and Human Services
Hawthorne, Paulie	Social Worker	Smith River Rancheria
Ingram-Obiea, Jolanda	Attorney	Yurok Tribe
Jackson, Katrina	Assistant Chief of Probation	Probation Department
Jackson, Roy	Child Welfare Services Supervisor	Department of Health and Human Services
Judge Doehle, Chris	Judge	Juvenile Court
Judge Follett, William	Judge	Juvenile Court

Markytan, Crystal	Program Manager, Social Services Branch	Department of Health and Human Services
McQuillin, Raymond	Yurok Tribe- policy	Yurok Tribe
Moore, Michelle	Community Contact	Foster parent
Nice, Lo	Social Services Aide	Department of Health and Human Services
Nielsen, Crystal	Social Worker III	Department of Health and Human Services
Nugent, Timothy	Managing Social Worker	Environmental Alternatives
Olson, Don	Superintendent	Del Norte Unified School District
Perez, Celia	Supervising Clinician, Mental Health Branch	Department of Health and Human Services
Perry, Dorothy	Director of Social Services	Smith River Rancheria
Perry-Ellis, Deanna	Adult and Family Services Supervisor	Department of Health and Human Services
Pierson, Barbara	Director	Department of Health and Human Services
Pryor, Carolyn	Adoptions Worker	State Adoptions
Reyman, Lonnie	Chief Probation Officer	Probation Department
Scott, Martha	Foster Youth Services Liaison	Del Norte Unified School District
Scott, Teri	Social Worker III	Department of Health and Human Services
Slette, Christine	Executive Director	CASA of Del Norte
Walradt, Tom	Social Worker III	Department of Health and Human Services
Ward, Deidra	Social Worker IV	Department of Health and Human Services
Wilson, Susan	Child Welfare Services Supervisor	Department of Health and Human Services
Williamson, Ramsey	Probation Officer	Probation Department

### **Core Representatives**

<b>Name</b>	<b>Job Title</b>	<b>Agency</b>
Cain, Julie	Child Welfare Services Supervisor	Department of Health and Human Services
Davis, Amber	Staff Services Analyst II	Department of Health and Human Services
Jackson, Katrina	Assistant Chief of Probation	Probation Department
Jackson, Roy	Child Welfare Services Supervisor	Department of Health and Human Services
Markytan, Crystal	Program Manager, Social Services Branch	Department of Health and Human Services
Wilson, Susan	Child Welfare Services Supervisor	Department of Health and Human Services
Williamson, Ramsey	Probation Officer	Probation Department

### **B. Prioritization of Outcome Data Measures/Systemic Factors and Strategy Rationale**

In reviewing information gathered during the CSA process, CWS identified themes and trends impacting the delivery of Child Welfare Services.

#### Themes and Trends:

County demographics revealed a high level of poverty despite unemployment rates dropping from 10.6% in 2010 to 6.6% in 2013. Data indicates that 21.10% of Del Norte County residents continue to live below the federal poverty level compared to 15.3% for the state as a whole, and even more concerning, 29.10% of the child population within Del Norte County are living below the poverty level. Chronic poverty is positively linked to child abuse and neglect and juvenile incarceration, teen pregnancy, school dropout and substance abuse among many other adverse outcomes.

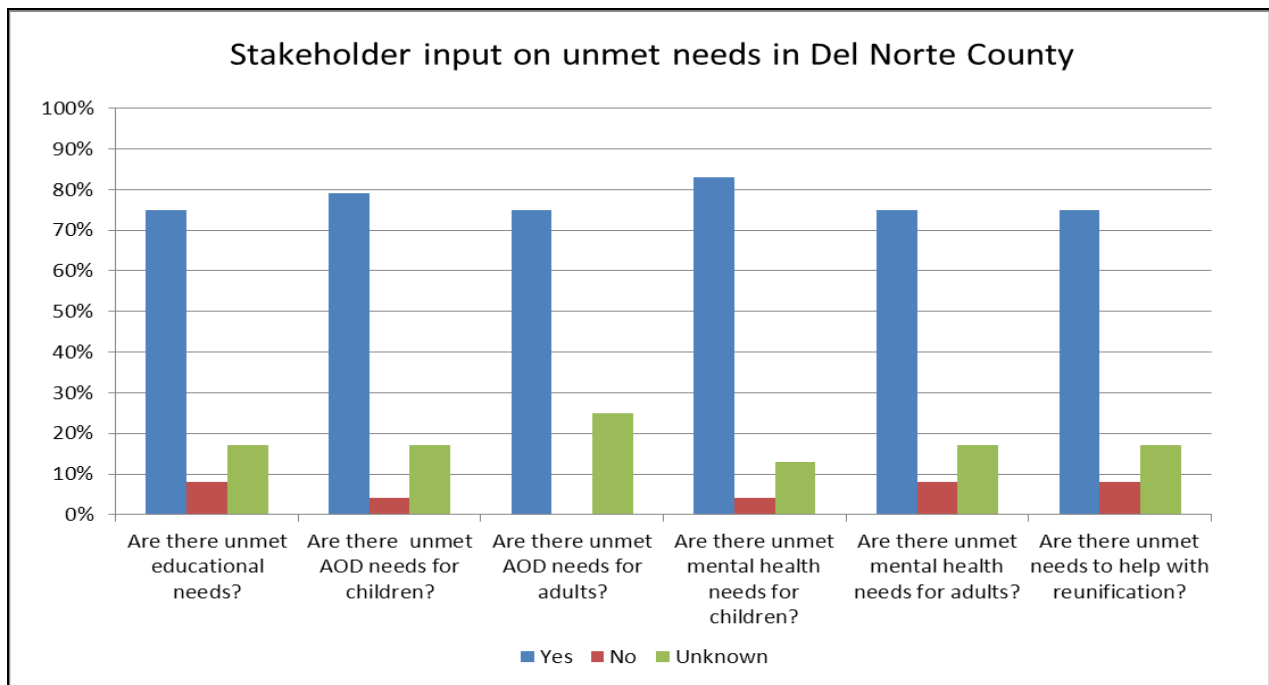
The impact of substance abuse, mental illness, and the lack of resources to meet these needs combined with multigenerational poverty result in complex and multifaceted service needs. These factors impact the ability of CWS and Probation to meet performance outcomes.

There is a clear need to expand placement resources within the County for children in need of out of home care. This should include intensifying efforts to make initial placement with relative, tribal and NREFM care providers and targeting recruitment and training efforts for

foster homes within the community to specific populations such as those children and youth with social, emotional and medical needs, teens, sibling groups, and probation youth. An additional need that would assist in keeping children and youth local is the successful recruitment of Intensive Treatment Foster Care (ITFC). These homes better meet the needs of children experiencing challenges by reducing capacity, intensive foster parent training and willingness of the care provider to access and participate in therapeutic strategies.

### Choosing Outcomes

During the CSA process, CWS and Juvenile Probation were able to clearly identify outcomes and systemic factors that needed to be addressed in the SIP. Keeping these outcomes in mind, the C-CFSR team wanted to ask the stakeholders input on whether they felt there were unmet needs in specific service areas and if they knew of strategies to help with the unmet needs in the community. The following graph shows that the majority of stakeholders felt there were unmet needs in all categories listed in survey.



Stakeholders were also asked to give specific strategies in areas where they believed to have unmet needs. Excerpted suggestions include:



*Educational Needs* - Quicker assessments and IEP development for foster youth; better communication between social workers and probation officers with school staff; training for teachers to understand the effects of abuse and how trauma effects child functioning, including academic performance; the need for policy/MOU development between agencies and the school district to formalize practice; the need for monthly meetings with the foster youth services coordinator, SW/PO, therapist, and foster parent to discuss an individual educational needs of the child.

*AOD Needs for Children/Youth* - Create age appropriate, culturally relevant, AOD program for youth that specifically addresses adolescent problems, focusing on educating children exposed to substance abuse in their homes, educating foster parents in identifying early signs of substance use and the use of collaborative positive interventions.

*AOD Needs for Adults with Children in Foster Care* - Alternative programs such as a harm-reduction model for parents, where the traditional AOD recovery model is not working; more sober living environments that could accommodate families; more flexibility in group session schedules in order to accommodate a broader cross section of clients.

*Mental Health Needs for Children in Foster Care* - Need more culturally appropriate mental health services; options other than Remi Vista due to frequent staff turnover which promotes inconsistent treatment and the lack of a trauma focused treatment model used by all counselors; parents should be involved in MH case plan and treatment for children.

*Mental Health Needs for Parents of Children in Foster Care* - A wider variety of services would be beneficial; the Native American population could benefit from a variety of approaches tailored to meet their needs, currently there is one fulltime counselor at UIHS; in addition to the strengthening of the relationship between Tribal and County social services. Parents would also benefit from more support groups and family therapy in addition to individual counseling services for parents to examine and heal from their own trauma history.

*Needs Impacting Parent's Ability to Reunify* - Too many reunification requirements for parents to be successful; each family should be involved in a service model like wraparound; have more AOD, mental health and employment and job training services to help with reunification; support agency collaboration to make affordable housing available in our community.

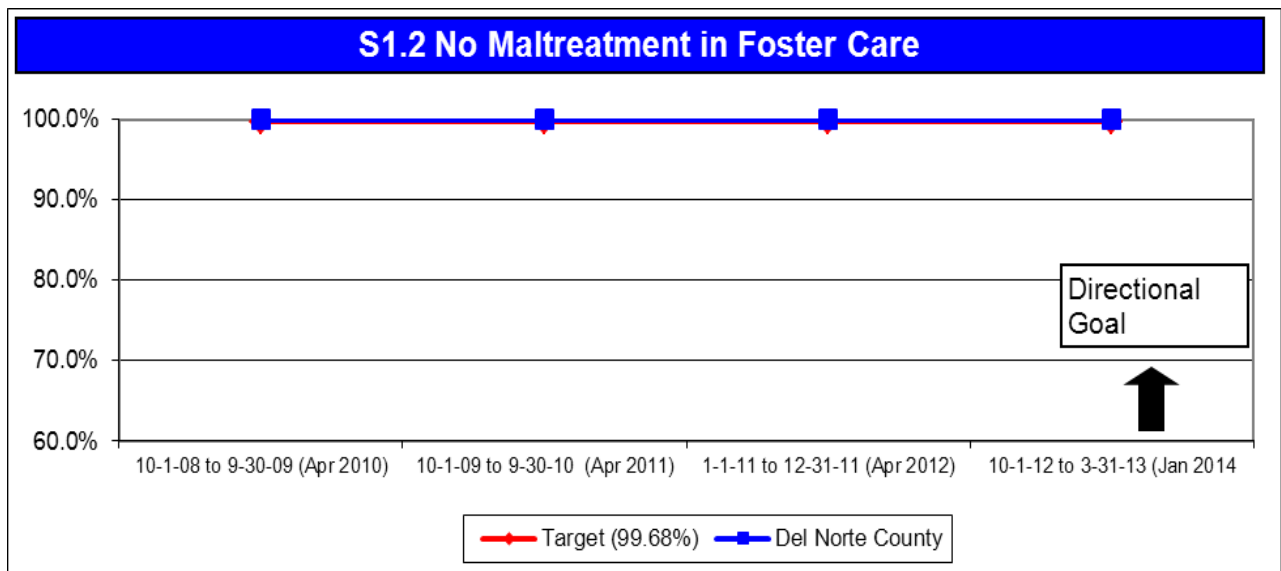
*Strategies to Address Disproportionality* - Train staff on culturally appropriate interaction with Native American population; increase transparency between agencies and Tribes; expand placement resources in order to place in a Tribal home; increase mental health and AOD services for Tribal members.

*Strategies to Meet the Needs of the TAY Population* - Help them maintain a healthy relationship with an adult in their life; more Mental Health services are needed; more programs to foster independence and address mental health and substance abuse problems; continue to support Coastal Connections.

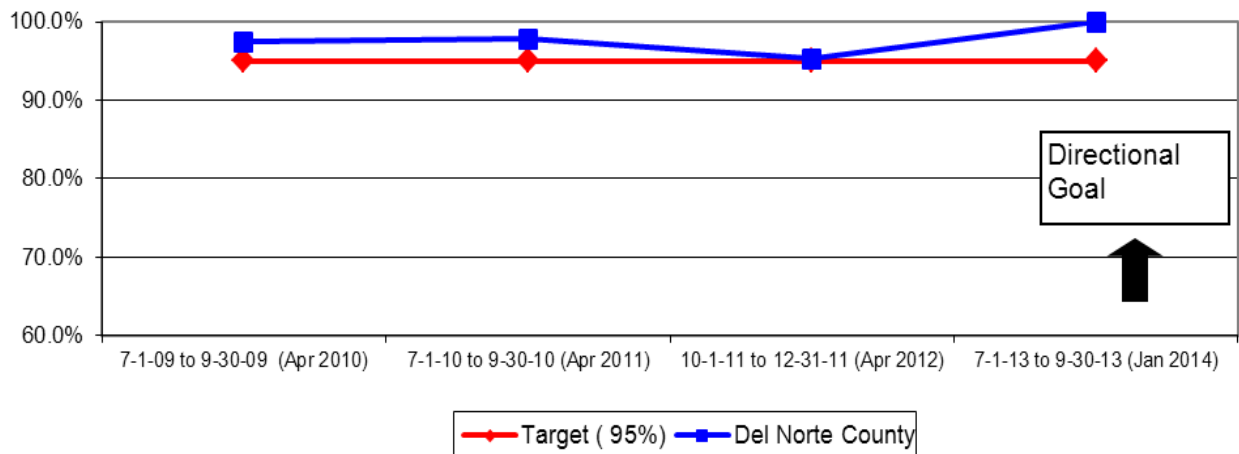
The C-CFSR team used this information when creating the strategies and action steps in the SIP.

### Summary of CWS Performance with Outcome Measures Meeting National Standards

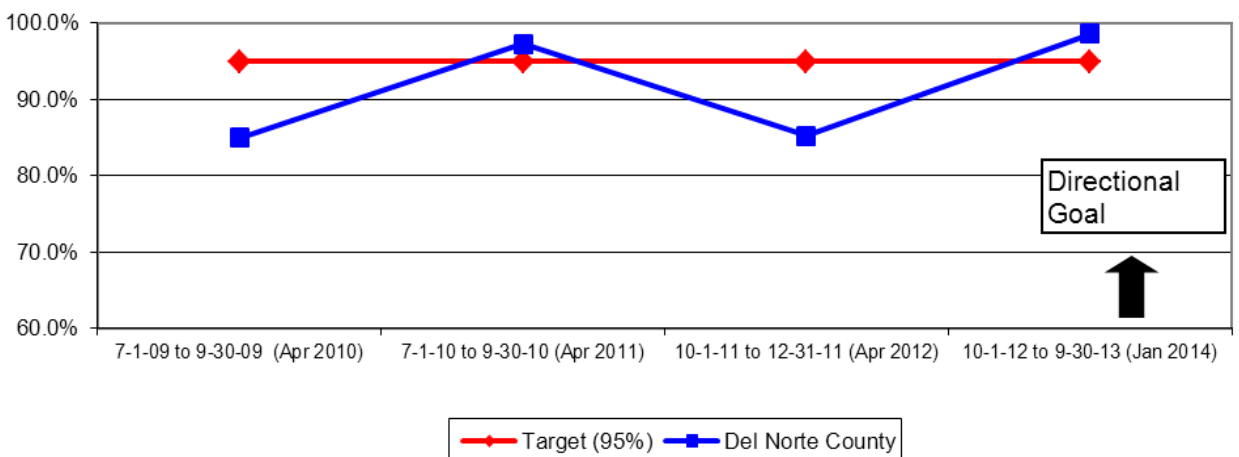
With reference to the safety outcomes, baseline data retrieved from University of California Berkeley Center for Social Services Research website for January 2014 indicated that CWS was performing above the federal measure on S1.2 No Maltreatment in Foster Care; 2B-1 Timely Immediate Response; 2B-2 Timely 10 day Response; and 2F Timely Social Worker Visits.



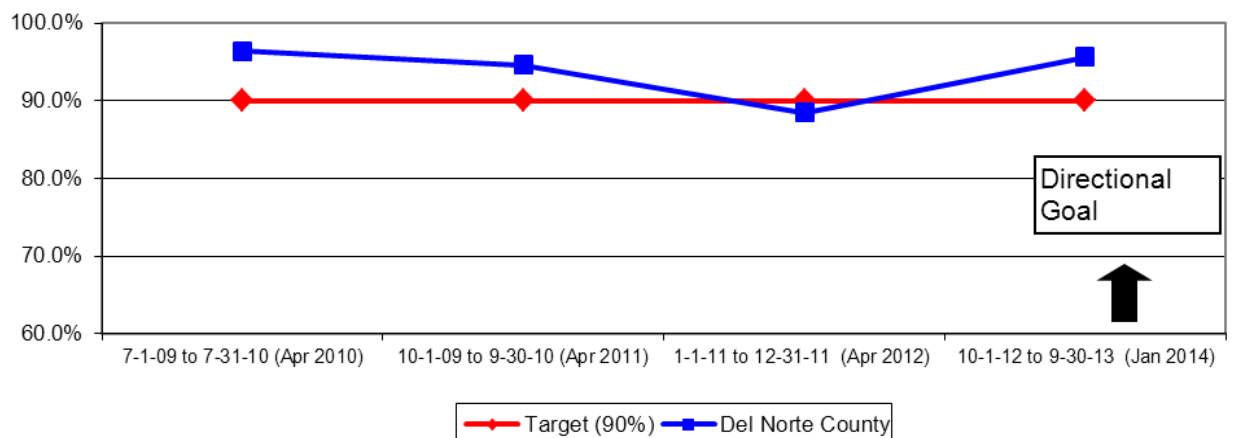
### 2B-1 Timely Immediate Response



### 2B-2 Timely 10 Day Response



### 2F Timely Social Worker Visits



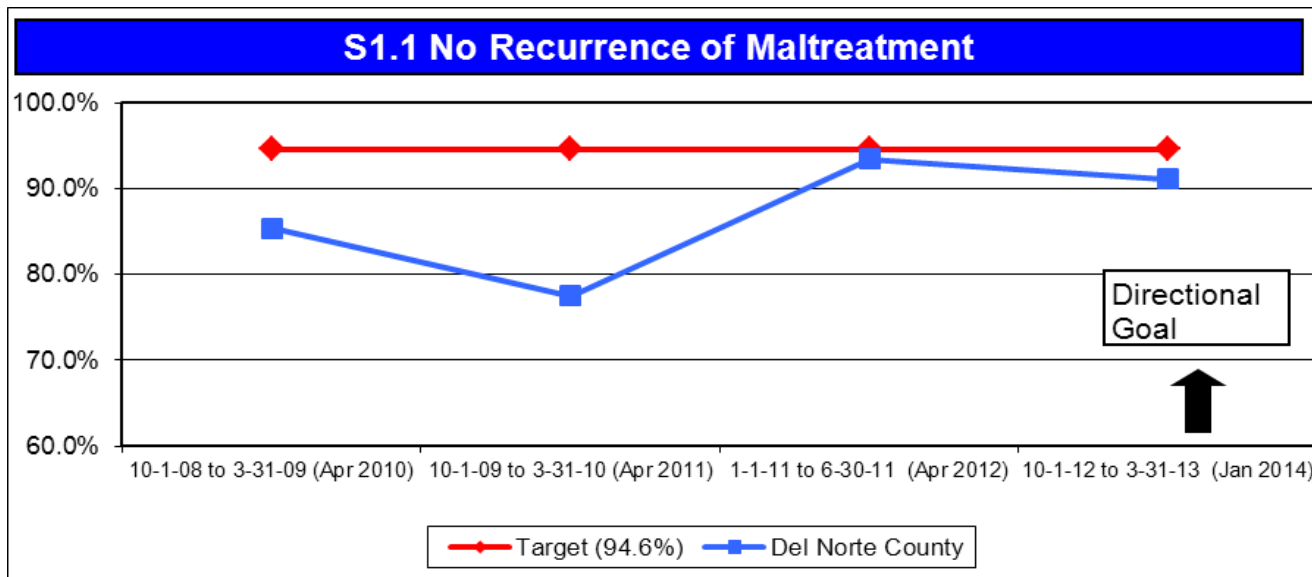
The Permanency Outcomes C4.1, C4.2, and C4.3 Placement Stability have been steadily increasing during the past SIP and all three measures were above the federal outcome standard during the baseline period. CWS continues to be concerned regarding measure C1.4 Reentry Following Reunification as the County consistently, like California, falls below the federal standard; this is why this measure was selected as the focus for the peer review.

The Well-Being Outcomes do not have federal standards at this time. It is worthwhile to note that all children entering foster care in Del Norte County receive a mental health assessment and have a CHDP examination within the first thirty days of placement. Children and youth are receiving required health and dental exams however some of this information has not been entered into the CWS/CMS which unfavorably impacts the outcome data. CWS will be requesting additional staff to address the data entry problem. Additionally, the percentage of children receiving psychotropic medication has decreased substantially since the last CSA. For more in depth review of outcome measures, review the Del Norte County Self-Assessment.

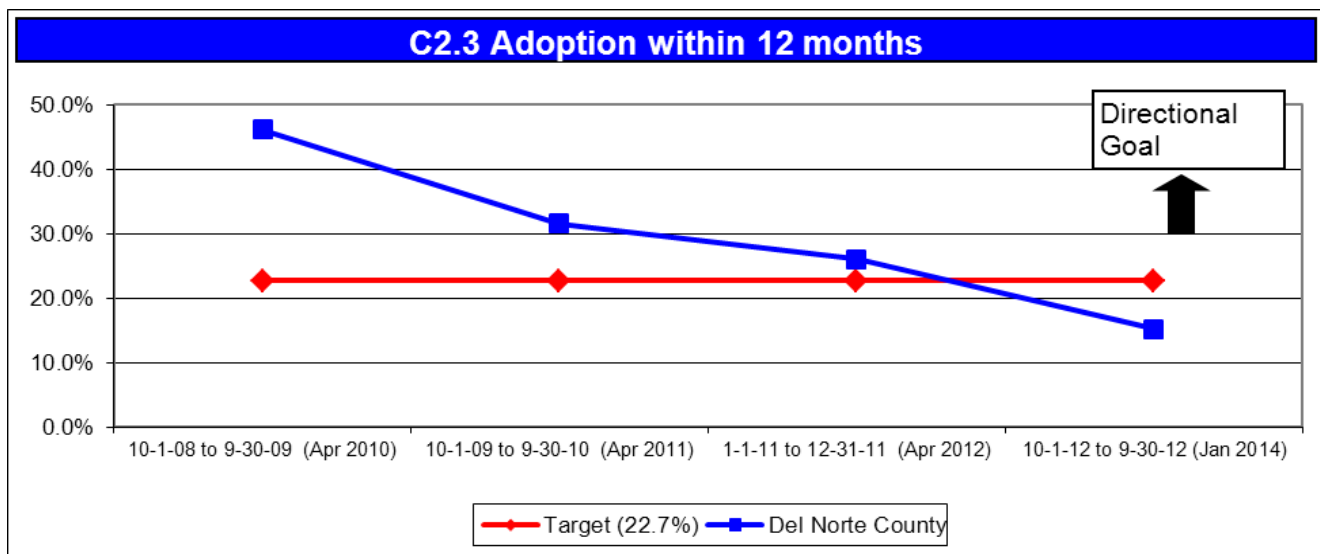
### **Summary of CWS Outcome Measures Performing below National Standard**

As part of the SIP process, outcome data measures were reviewed to see which measures in the baseline data (January 2014) were performing below the federal standards. Del Norte County Child Welfare Services did not meet the National Standard for seven (7) of twenty-five (25) measures. These seven measures were: 1) No recurrence of maltreatment, 2) Adoptions within 12 months, 3) Legally free within 6 months, 4) Exits to permanency, 5) Legally Freed and Discharged to permanent home, 6) Reunification within 12 months of entering care, and 7) Re-entry within 12 months of reunification.

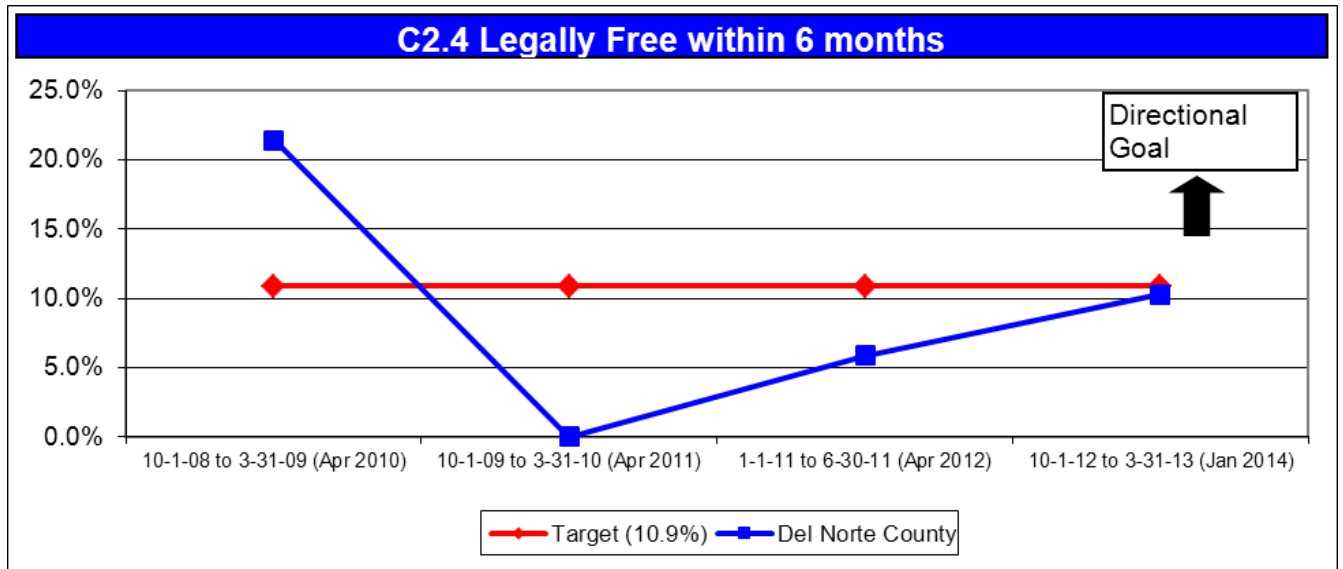
Outcome Measure: S1.1 No Recurrence of Maltreatment did not meet the standard during the baseline period (January 2014). CWS missed the standard by 8.9 %. The standard would have been met if four (4) fewer children had experienced a recurrence of maltreatment. More recently, CWS has had no recurrence of maltreatment for two quarters, surpassing the national standard. For this reason, this measure will not be added to the new SIP, even though California does not meet the federal standard. This decision was made based on the review of quarterly updates, July 2014 and October 2014.



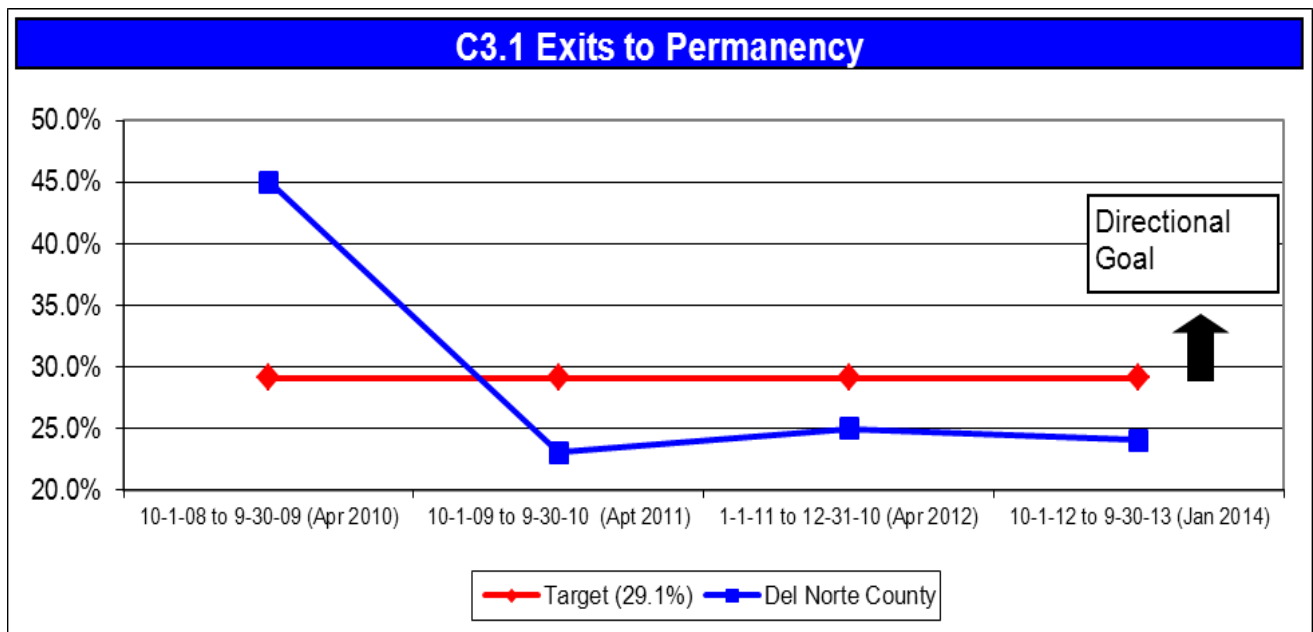
The decision to not include the adoption measures C2.3 and C2.4 in the new SIP was made due to a positive trend in the two quarterly reports following the baseline data. In both July 2014 and October 2014 quarters CWS met the federal standard in these measures.

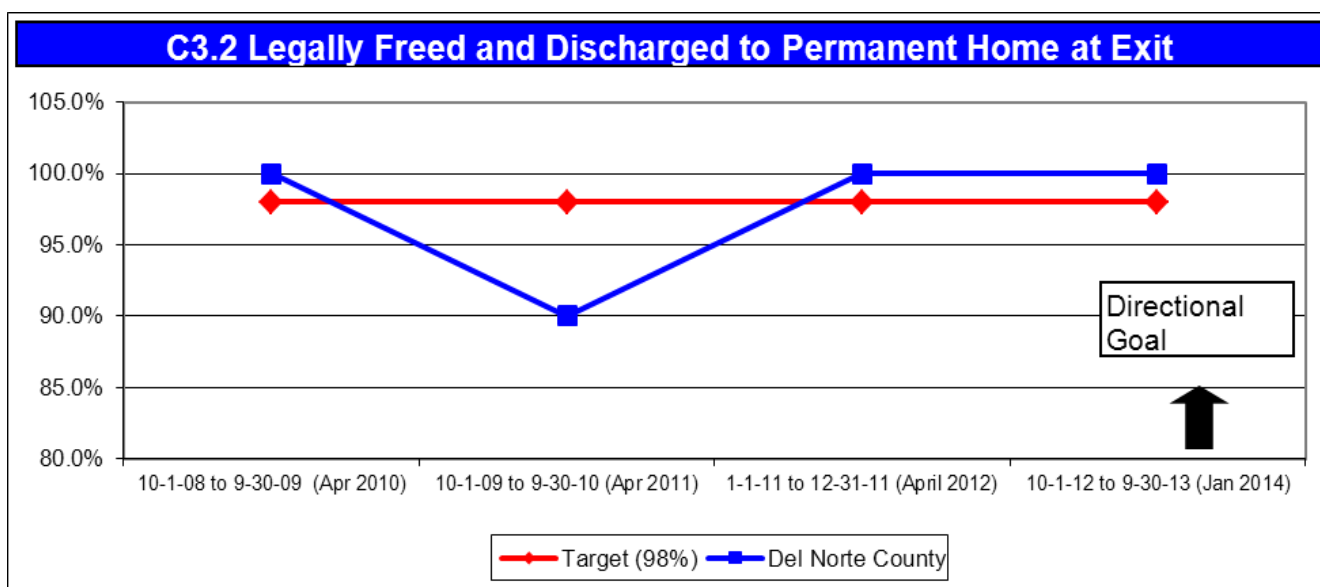




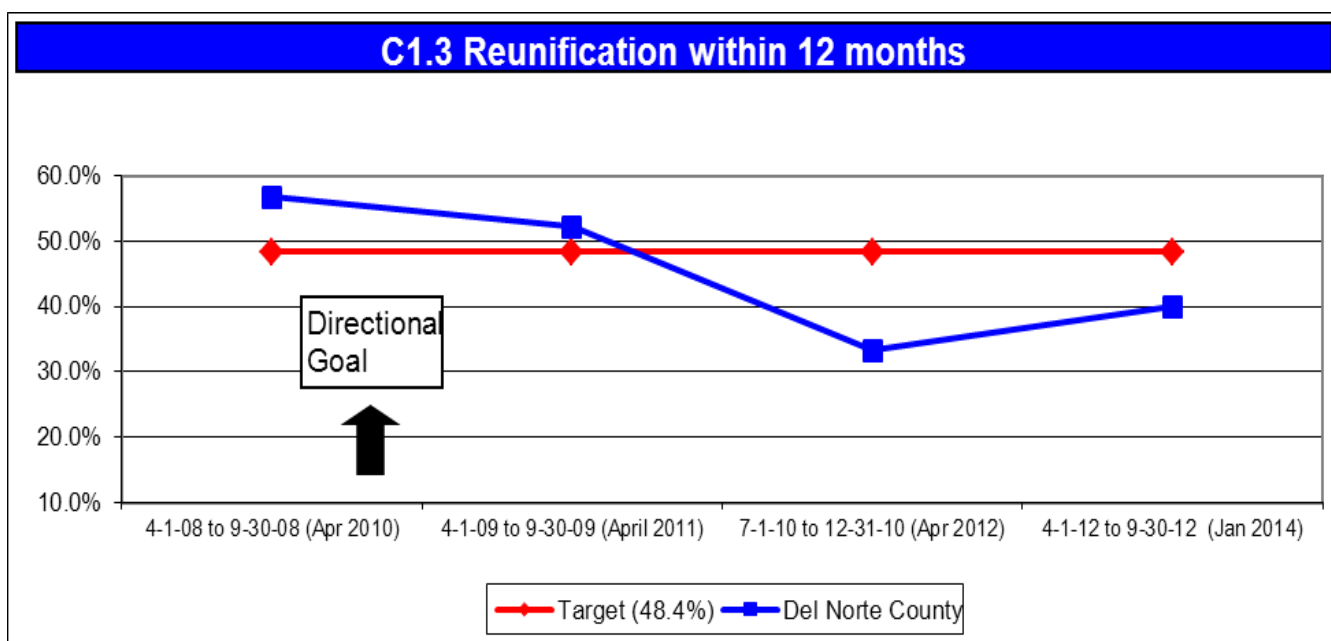


CWS has not chosen C3.1 or C3.2 for the new SIP despite a trend where CWS and California continue to not meet the national standards set for those measures. CWS hypothesizes that these numbers will continue to rise above the national standard because more youth are staying in care longer, emancipating from foster care at 18, in order to benefit from After 18 Services which for eligibility requires the youth to be in out of home placement on the date of their 18<sup>th</sup> birthday.

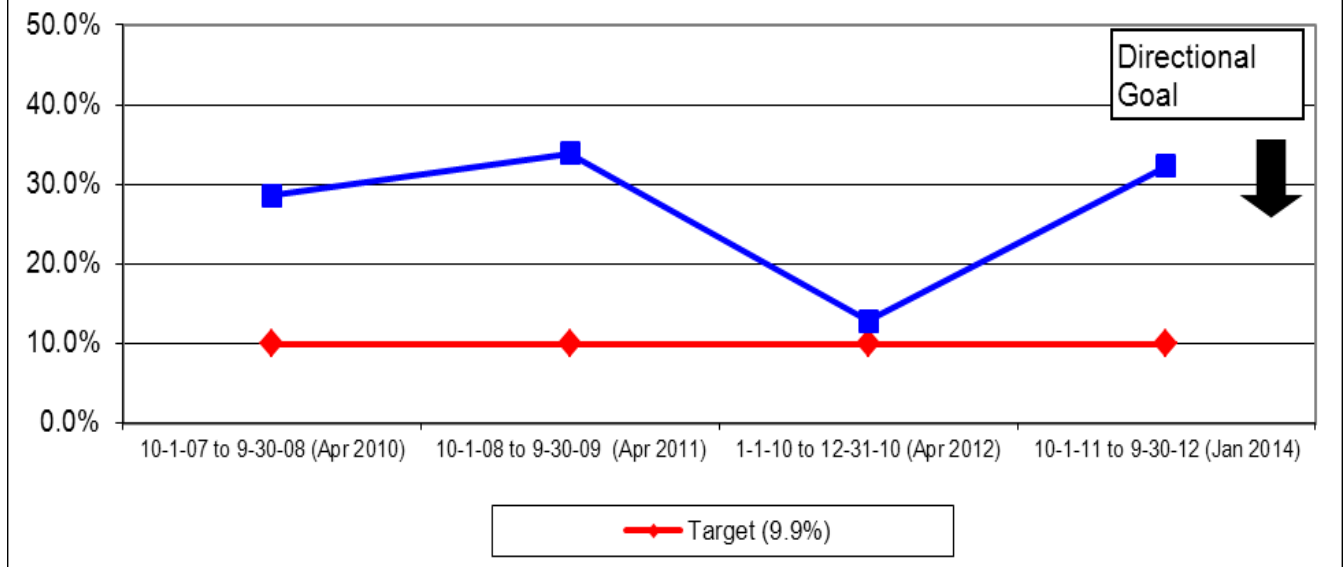




CWS will be adding C1.3, Reunification within 12-months and C1.4, Re-entry following reunification within twelve months, to the new SIP. Neither measure is being met in Del Norte County or California. Review of data from the two quarterly reports following baseline (January 2014), indicate that CWS is missing the federal standard in C1.3 and C1.4. CWS considers timely reunification key in achieving permanency for children. Timely reunification and decreased re-entry rates are integrally intertwined; both are critical when evaluating successful reunification practices and success in one area can result in adversely impacting the other. Common strategies will be used in each of these outcome areas with the underlying goal being the provision of a seamless continuum of services delivered in a consistent way.



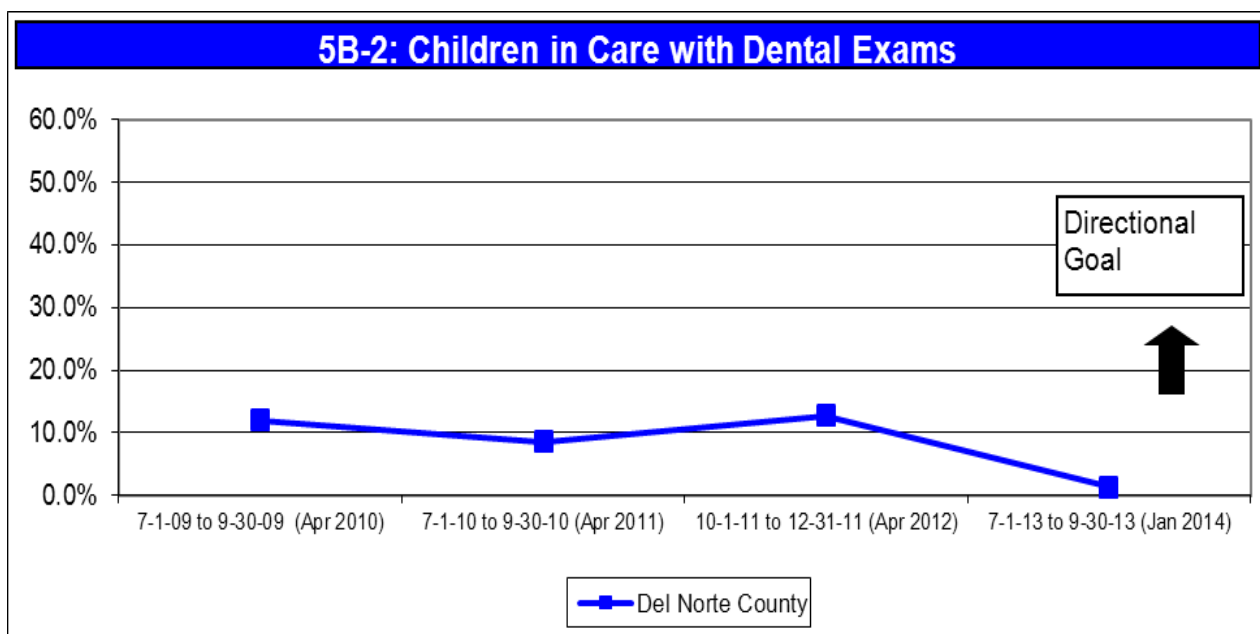
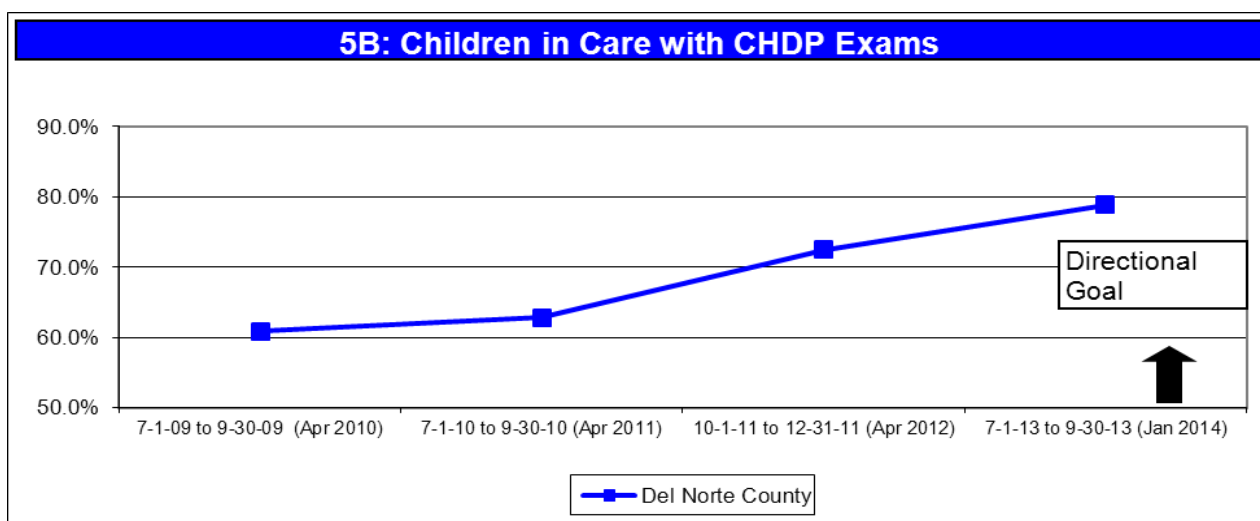
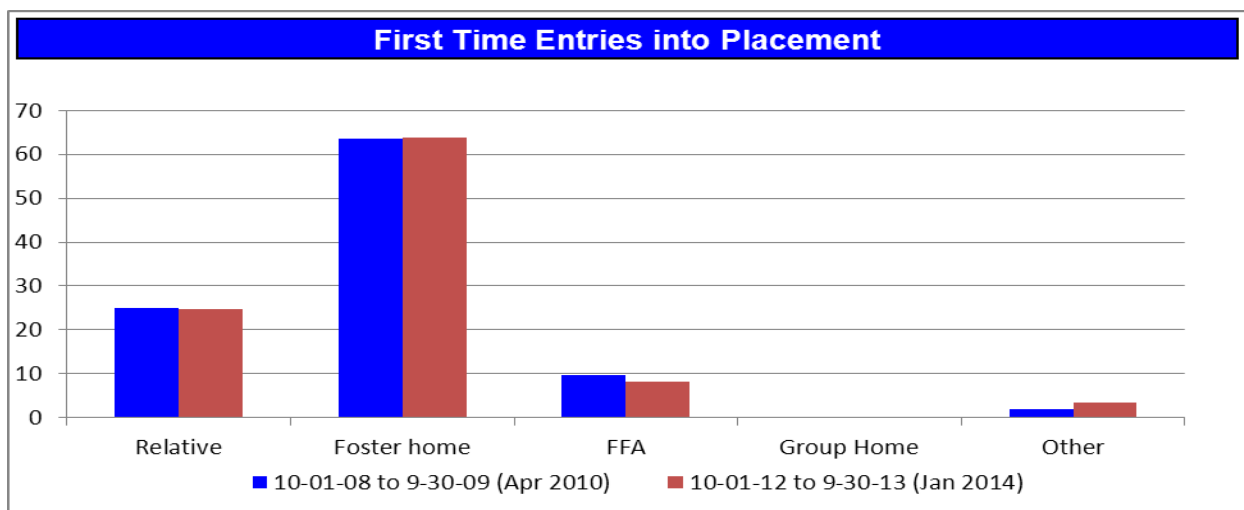
### C1.4: Reentry following Reunification



While there are no federal standards, CWS will also be including Well-Being outcome measures 4B, Least Restrictive Placement in First Time Entries into Placement, 5B-1, Child Health and Disability Prevention (CHDP) services and 5B-2, Dental services, with the goal of significant improvement.

CWS will work to improve the least restrictive placement outcome by increasing the number of relative, tribal, and NREFM placements for first time entries through increased use of the emergency placement protocol. CWS believes dedicating a social worker to SOP and family search and engagement will also assist in meeting this goal through the consistent use of family inclusion strategies such as SOP Facilitated Team Meetings and the development and implementation of a family search policy.

CHDP and Dental outcomes do not currently reflect actual services that are being delivered to children in care which are important measures of well-being. In order to address and accurately reflect this outcome data, CWS will be hiring a vocational assistant to input data. This data is part of a comprehensive Health and Education Passport which, when updated monthly, integrates services received by children and youth and tracked by their caregiver (e.g. medical, dental, rehab), the social worker and the academic Youth Services Coordinator. Timely and accurate monthly academic and health updates will enable the most informed decision making practice.



Systemic Factors: Native American children represent close to 40% of open CWS cases in Del Norte County, while only 8.8% of the county population is Native American. Disproportionality was selected as a systemic factor requiring focused attention and problem solving at the systems level.

The County has long been committed to the transitional age youth in foster care placement. Many services are available for these youth and young adults but they are not meeting the needs of the population well enough to make significant difference. Positive outcomes would be more possible by ongoing staff training, strengthened AOD and mental health services using strong engagement techniques specific to the population and strong and consistent employment and training services. Systemically, the community needs to understand what will work with this population and how. CWS is choosing this as a systemic factor because it requires local attention. For more in depth review of outcome measures, review the Del Norte County Self-Assessment.



Below is a chart of the outcome measures CWS selected for inclusion in the SIP.

CATAGORY	AREA FOCUS	CFSR MEASURE	CFSR MEASURE NUMBER
PERMANENCY	Timely Reunification	Computes the percentage of children reunified within 12 months of removal	C1.3
PERMANENCY	Re-entry	Re-entry to foster care within 12 months following reunification	C1.4
WELL-BEING	Least Restrictive Placement	Placement Type	4B
WELL-BEING	Timely Medical/Dental Exams	CHDP and Division 31 regulations for medical and dental exams	5B
SYSTEMIC FACTOR	Disproportionality of Native American Children with Open Cases.		Systemic Factor
SYSTEMIC FACTOR	After 18 Services		Systemic Factor

### Strategy # 1: Implementation of Safety Organized Practice (SOP)

#### Justification Rationale:

As defined by the Northern Training Academy, SOP is a holistic approach to collaborative teamwork in CWS that seeks to build and strengthen partnerships with a family, their informal support network of friends and relatives, and the Department. All too often in the past, children and families who became involved with CWS were given a list of services they needed to complete in order for their children to return home. In the past, little input was sought from the family about their perception of the problems in their home, nor were safety concerns clearly stated in the plan detailing how the children could safely return to their care. SOP has changed the way CWS works with families to mitigate safety. It offers strategies for creating constructive working partnerships between social workers, the families they work with, natural family supports, and community resources.

SOP uses three primary objectives; engagement, critical thinking, and enhancing safety. Engagement with the child, family, the family's support network and service providers helps to create a shared focus to guide the case work practice. Critical thinking assists the family and other concerned people to look at ambiguous case information and sort it into meaningful CWS categories. Enhancing safety provides a path for the family, their support network and service providers to engage in creating well-formed goals that address the safety issues the Department (and often times the family) are worried about.

SOP is unique in that it combines best practice social work principles with the evidence-based Structured Decision Making (SDM) tools, and approaches families from a perspective where all involved are informed. Engaging families is critical in developing partnerships to co-create goals and plans that keep children safe at home with parents. An important part of engaging families is the use of Safety Mapping. Safety Mapping is used in facilitated family meetings to organize all of the information known about the family into a meaningful structure of Harm (past actions by a caregiver that may have hurt a child physically, developmentally or emotionally), Danger (acts of risk by a caretaker), Safety (actions of protection by a caretaker demonstrated over time), Complicating Factors (things that are worrisome but in and of themselves, have little impact on the child), and Supporting Strengths (things that are going well for the family).

To help a family see why CWS is involved, a danger statement is crafted outlining what the Departments "worried" about that may harm the child. A danger statement is a simple, easily understood, statement with factual behavioral details that outline CWS worries about future danger to the children. When the family understands why CWS is concerned, it can have a powerful effect and is often the same issues the family is "worried" about.

Along with safety mapping, SOP includes family meetings. The family is encouraged to invite their friends and family to the table in order for the family to establish a network of supportive people who will assist the family in ensuring safety of the child long after the agency has stepped away.

CWS has been implementing SOP for the past three and a half years. SOP informs the family and it gives all family members a voice, including the child.

CWS has a draft for SOP Policy and Procedure. The draft will be finalized by December 31, 2014. Once finalized, the next step will be to begin refining practice and training on the policy

as well as the incorporated SOP tools. Upon completion, SOP will be offered to all families in Emergency Response who have a substantiated allegation of child maltreatment and to all families where the referral is being promoted to a case (FR, Court FM, or Voluntary FM – in Del Norte, Voluntary FM is referred to as Pre-Court Services).

**Outcome Measure Effected: C1.3, C1.4, and 4B**

**Action Steps**

- A. Finalize SOP Policy and Procedure
- B. Training on the Policy and Procedure
- C. Implement the Policy
- D. Offer SOP services to 100% of families In ER services and receive 80% acceptance – SOP will follow the family throughout the life of the case.

**Educational/training needs to achieve this strategy**

CWS has one fully trained social worker to act as a family meeting facilitator and are in the process of training a second social worker. All staff will continue to receive ongoing training in the use of the various SOP tools and strategies. CWS contracts with UCD Northern Training Academy for classes and a SOP coach who works with CWS on implementation of SOP.

**Roles of other partners in achieving this strategy**

Training of partner agencies includes CASA, DNUSD, Judicial Officers, Tribes, Mental Health, AOD and Remi Vista; collaborative partners are included in the facilitated meetings. Continued training and coaching through the Northern Regional Training Academy at UC Davis.

**Evaluating and Monitoring**

CWS plans to track the frequency and purpose of Facilitated Family Meetings using the new codes that have been developed in CWS/CMS. This will allow CWS to measure the percentage of clients receiving specific SOP strategies as part of their case management services; the goal is to serve 80% or more of clients in ER cases and FM/FR using a family centered approach to gather, organize, and document child safety information. Additionally, CWS plans to utilize case conferences, case reviews and client feedback surveys to evaluate the usefulness of these strategies. All SOP related services will be documented in a specific location both electronically and under a separate tab in the social file.

### **Justification Rationale:**

Wraparound services are an intensive, holistic method of engaging with children, youth and their families so that they can live in their home and communities and realize their hopes and dreams. Wraparound is an individualized care planning and management process intended to achieve positive outcomes by providing a structured, creative and individualized team planning process. The plans are family driven, encouraging “buy-in” by the family increases the relevance to the entire family including the child/youth and siblings. The wraparound process is used to develop problem solving skills, coping skills, and increase the self-efficacy of family members.

Wraparound services place primary importance on the perspectives of the family during all phases of the process. There is emphasis on integrating the youth into the community and building the family’s social support network. The values of wraparound require that the planning process, services and supports provided should be individualized, family driven, culturally competent, and community based. Wraparound should increase the natural support available to the family by strengthening interpersonal relationships and utilizing other resources available in the family’s network. Wraparound activities purposely help the family recognize, utilized and build on their talents, assets and positive capacities.

CWS has been providing wraparound services to children, youth and families for over 15 years. The County’s implementation process includes: community partnerships, access to needed supports and services, collaborative actions, accountability, and fiscal policies and procedures to ensure sustainability. Del Norte County currently has one wraparound facilitator and one family partner providing wraparound services to both CWS and Probation children, youth and families. During 2015 CWS will be doubling the wraparound staff in order to work with more families at risk of entering CWS and those families already involved in formal services where a child is at risk of residential placement.

While we have found the county program to effectively support children and youth in family based care (avoiding residential treatment), the program has lost some of its’ original model fidelity. With the anticipated implementation of enhanced wraparound services (related to the Katie A lawsuit settlement and the Continuum of Care Reform), it is imperative to receive consultation, re-engage our mental health partners and examine what is working and what needs to be enhanced or strengthened so the program can be expanded.

Providing supports and services to families after reunification are the keys to preventing re-entry. Wraparound is an effective resource for families while in reunification, after a child returns home and when a child becomes at risk of residential placement/congregate care. The county goal is to prioritize relative, NREFM and Tribal homes as a first placement. Wraparound is an ideal intervention to stabilize children in placement.

CWS has chosen to enhance wraparound as a strategy due to the documented success in promoting shifts from residential treatment back to community based care and providing supports to a family or temporary care provider to prevent a child/youth from entering residential treatment. Additionally, wraparound is a strategy embraced by the state of CA and on a National level. Outcome Measure Effected: C1.3, C1.4, and 4B

**Action Steps:**

- Engage a wraparound consultant to assist in evaluating the current program and provide technical assistance in re-focusing and strengthening future services.
- Identify target populations to receive wraparound services that will most positively impact specific outcomes.
- Update wraparound policy and procedure as indicated by the review process.
- Hire additional wraparound staff as determined through the evaluation and recommendations.
- Develop a tracking system of program participants to include impact on target outcomes, length of service and whether program involvement had the desired impact for participants.
- Develop and implement evaluation tools for wraparound participants that will include pre and post service satisfaction ratings and client feedback.

**Evaluation:**

Evaluate the current program to identify systemic strengths and needs. Develop policies and procedures to address identified needs. Create a plan to monitor the outcomes of children and families who receive Wraparound services based on successful reunification , placement stability, and reentry into services.

**Educational/training needs to achieve this strategy:**

Child Welfare will consult with UCD Northern Training Academy to identify experts who can provide consultation, training and mentoring in Wraparound Services. Program staff (including staff from partner agencies) will be trained on wraparound strategies, the importance of model fidelity and the policies and procedures that support the program.

**Roles of other partners in achieving this strategy**

- Active Wraparound participation by agency partners for the support of families receiving services
- Participation by partners in upcoming training and technical assistance.

**Strategy # 3: Tribal MOU****Justification Rationale:**

Del Norte County has four federally recognized Tribes within the county; including the Yurok Tribe, Smith River Rancheria, Elk Valley Rancheria and Resighini Rancheria. According to Safe Measures, In July 2014, 42% (52 out of 123) open CWS cases were for Native American children. Statistically, only 8.8% of the total population within the county is Native American, therefore Native American children are over represented in the foster care population. CWS has been actively working with local tribes regarding joint referral responses and has a multi-disciplinary team meeting twice a month to allow for dialogue between CWS and the tribal



representatives regarding the Native American children in foster care. The Department has begun to attend the Yurok Justice Advisory Board meetings to promote a better understanding of the systems in place supporting tribal government, services available through the tribe, and the unmet needs that require a collaborative response.

CWS is engaging in a process with the Yurok Tribe to develop a Memorandum of Understanding (MOU) for how the two agencies will work together as CWS move forward to insure a better outcome for tribal children and families. The MOU will document the continued practice of early engagement with tribal partners when investigating abuse and neglect of tribal families and on tribal land.

The process will include collaboration between the tribe and the agency to create an MOU that can be approved by both the Tribal Councils and the county meeting the mandates of both agencies and adheres to the state and federal laws that each entity must follow. Once the MOU is developed, CWS will train staff to insure they know and understand their role and the role of the tribal representatives when interacting with Native American children and families.

Once the MOU with the Yurok Tribe is developed, CWS will work with the three remaining federally recognized tribal governments, Smith River Rancheria, Resighini Rancheria and Elk Valley Rancheria to develop similar MOU's. This strategy is linked to the systemic factor of reducing the number of Native American children in open CWS cases in Del Norte County. The improved communication and relationships with the tribes should reduce the time that a family requires to successfully reunify with their child and increase the placement options thereby allowing Native American children to be placed in the least restrictive placement available to meet their needs; and reduce the number of Native American children requiring out of home placement.

### **Action Steps**

- Develop MOU with the Yurok Tribe.
- Obtain approval of MOU from the Yurok Tribe Council.
- Obtain approval of MOU by County Counsel.
- Develop MOU's with three remaining federally recognized tribes in the county.
- Develop a policy and procedure for CWS staff in relation to the newly established MOUs
- Train staff annually on the MOUs

### **Educational/training needs to achieve this strategy**

Train staff on the new MOU and how it will impact the current services offered to Tribal families in the community.

**Roles of other partners in achieving this strategy**

CWS will partner with the Social Service Departments of local Tribes to develop MOU's

**Evaluating and Monitoring**

Monitor the number of open CWS cases that are Native American children in foster care and the culturally consistent services families are receiving.

**Strategy # 4: Behavioral Health Services for Adults****Justification Rationale:**

Assessments of local mental health services were conducted during the CWS/Probation Stakeholder's meeting, a September, 2014 survey of CSA stakeholders and a recent Mental Health Branch community survey. Themes and trends emerged which overwhelmingly supported a change in the current service configuration. Presently, MH only sees clients with Medi-Cal, the seriously mentally ill, and those in crisis. This current deficit in services presents an enormous opportunity to expand culturally appropriate, evidence based services for all ages to meet the continuum from prevention through moderate and severe mental illness. The County plans to begin accepting private insurance, increase recovery, maintenance, and family services, and strengthen community collaborations. As research suggests, many families involved in CWS can also suffer from substance use disorders. There is also a clear need to expand and upgrade substance abuse services. Residential substance use services are far and costly so the County will work to find local solutions that expand beyond the traditional abstinence only approach. Over the next two years the Mental Health and Alcohol and Other Drugs Branches will be merging to become a single Behavioral Health Department. Drs. Minkoff and Cline who developed Comprehensive Continuous Integrated System used by SAMHSA will be guiding the efforts to create the new Department and work throughout DHHS to transform systems to meet the co-occurring complex needs of those who enter our doors. The untreated behavioral health needs of parents increases risk for involvement in CWS and/or Probation services. It is also a factor in higher rates of children and youth re-entering foster care and children moving into a permanent plan in lieu of successful reunification with one or more parent. A comprehensive co-occurring capable behavioral health, including those for incarcerated parents, would unquestioningly lead to more positive outcomes for the parents of children involved in Child Welfare and/or Probation services.

Specifically, stakeholders identified the following needs to support an increase in reunification and a reduction of re-entry numbers: collaborative and integrated mental health services, agency transparency, better accessibility, non-crisis driven services, increased availability of psychiatric care and medication management services, a reduction of mental health stigma,

Trauma Focused Cognitive Behavioral model of therapy, Co-Occurring Disorders model of treatment, family and/or couples counseling, individual therapy in lieu of groups to assist with the development of coping and daily living skills, education and more support groups.

**Outcome Measure Effected: C1.3, C1.4**

**Action Steps**

- More fully integrate behavioral health assessments and treatment plans with other plans of care through the development of MOUs between involved partners.
- Increased coordination and sharing of information (transparency) by local agencies
- Trainings for staff to provide care that is sensitive to a family specific needs and/or cultural traditions.
- Adoption of new service models and ongoing training for professionals in Trauma Focused Treatment and Co-occurring Disorders (COD). Participate in the design and implementation of a new comprehensive, continuous, integrated system of care model (Minkoff and Cline SAMHSA-HRSA) that creates an agency wide co-occurring capable system that supports services for children, youth, adults, and families with complex needs.
- Expand behavioral health services to include individual, family and group counseling
- Reduce the stigma of accessing behavioral health services through a coordinated community education effort.
- Develop a plan to obtain on site psychiatry to increase accessibility.

**Educational/training needs to achieve this strategy**

- Culturally relevant trainings for staff to provide ongoing care that is sensitive to families' needs and cultural norms.
- Ongoing trainings for professionals on best practice to support family strengthening prevention and treatment approaches with emphasis on co-occurring disorders (COD) and trauma focused models.

**Roles of other partners in achieving this strategy**

- Attend collaborative trainings in new approaches as offered through the DHHS, Behavioral Health Branch
- Updating MOU's to include transparency of plans

- Active and consistent participation in MDT and/or ICMT meetings
- Increase communication between CWS/RV/MH/Probation
- Procurement of a clinician for CWS clients by the Behavioral Health Branch
- Participate in community stigma reduction campaigns.

### **Evaluating and Monitoring**

Tracking mechanisms will be developed for cases with mental health components as part of the case plan in relationship to successful client outcomes.

## **Strategy # 5: Implement an Enhanced Visitation Program**

### **Justification Rationale:**

Parent/child visitation for children who are placed in out-of-home care is a critical component of reunification services and in support of a child's ability to maintain connections with their family. Visitation maintains the parent-child attachment, reduces a child's sense of abandonment and, helps to maintain the relationship for children with their siblings and other people who have played a significant role in their child's life. The loss of these connections can also result in the child losing information about their family history, medical history, and important cultural information. CWS has a standing court order to provide each child with a minimum of five hours of visitation each week with each parent or legal guardian while they are in out-of-home care. Additionally, visitation for grandparents is accommodated.

The research identifies the following benefit of parent-child visitation:

- Supports parent-child attachment
- Eases the pain of separation for all
- Maintains and strengthens family relationships
- Reassures a child that their parent(s) is/ are all right and helps them to eliminate self-blame for placement
- Supports the family in dealing with changing relationships
- Enhances parent motivation to change by providing reassurance that the parent-child relationship is important for a child's well-being
- Provides opportunities for parent(s) to learn and try new skills
- Supports a child's adjustment to the foster home
- Enables the parent(s) to be active and stay current with their child's development, educational and medical needs, church and community activities
- Provides opportunities for parent(s) to assess how their child is doing, and share

information about how to meet their child's needs

- Assists in the assessment and decision making process regarding parenting capacities and permanency goals
- Reduces the time in out-of-home care
- Increases the likelihood of reunification

CWS will develop an intensified approach to visitation through the re-location of current visitation services to a dedicated facility where interactive coaching with the parents can be done by visitation staff, employing the same approach used in the parent education models used in the County. Creation of a visitation center will enable parents to have more positive visits with their children through coaching, offering a menu of joint activities they can complete during the visit, and assisting the parents in the development of daily living skills such as cooking/nutrition, budgeting and relationship building. CWS will have all recently hired visitation staff and social workers attend the Incredible Years and other parenting education classes to meet the needs of specific populations. This will allow parents and staff to use similar language for overall consistency.

**Outcome Measure Effected: C1.3, C1.4**

### Action Steps

- Secure a dedicated facility for parent/child visitation.
- Review and revise the current visitation policy and procedure to reflect the enhanced services that will be offered.
- Require that a minimum of 10% of visits be viewed by the assigned social worker and develop a tracking method to ensure compliance.
- Implement interactive visitation coaching
- Visitation staff and new social workers to attend the Incredible Years Parenting Education and other parenting classes.
- Develop a tool for parents to rate and provide feedback on their visitation experience.

### Educational/training needs to achieve this strategy

Review the policy and procedure with staff to insure there is understanding of how visitation is utilized to support the reunification process.

Provide additional training to staff on how to assess the quality of visitation and to assist the parents when they are having difficulty engaging with their children in a positive manner.

Have the visitation staffs attend the Incredible Years and other parent training models to support compatible coaching.

### **Roles of other partners in achieving this strategy**

Request training by providers of local parent education models.

### **Evaluating and Monitoring**

- Document and track the number of visits that are viewed by social workers.
- Use client survey to request feedback from parents regarding visitation services.

## **Strategy # 6: Increase Local Placement Capacity**

### **Justification Rationale:**

Relative homes, non-related extended family member (NREFM) homes, and tribe specified homes are critical to the success of reunification. When a community has a lack of caregivers, children end up in placements that may be more restrictive than necessary like a foster family home, a foster family agency home, out of county home, or a group home.

At this time, CWS generally relies on a core group of foster parents for initial placement and continued placement should a relative, NREFM, or tribal home be unavailable. CWS has made a concerted effort to increase the number of foster homes in the County. This has been an on-going effort but the results have not been as positive as the County had hoped. There continues to be a lack resource for adolescent children, children with special needs (social, emotional, physical), sibling groups, Tribal homes and youth involved with the juvenile justice system.

The Department is in the process of initiating steps for Del Norte County to become part of the Quality Parenting Initiative, a program that is designed to help rebrand foster parenting in a positive light. The process will include having defined expectations for caregivers, increasing work with biological families, providing additional training to foster parents and agency staff and helping foster parents/care providers to be part of a collaborative process with the Department. The Department will continue to maintain the workgroup started with the Blue Ribbon commission related to foster parents recruitment and retention which will allow on-going dialogue regarding the county's needs for foster parents. The Department will be increasing their efforts with Family Search and Engagement to have more children placed with family members early on in the life of the case.

### **Outcome Measure Effected: C1.3, C1.4**

### **Action Steps**

- Continued recruitment for foster homes that can accommodate sibling groups, meet culturally diverse needs of the community, and allow children to remain in the schools of their origin.
- Continued training for relatives, NREFM, tribe specified homes, and foster family homes to address the needs and potential issues of the children in foster care who have

experienced trauma.

- Maintain the multidisciplinary workgroup started with the Blue Ribbon Commission for recruitment and retention of foster homes.
- Initiate the steps to engage the county in the Quality Parenting Initiative.
- Increased efforts for family search and engagement by issuing an RFP to contract on the initial search process.
- Have exit interviews with people who no longer want to be licensed foster parents.
- Have exit interviews with foster care, relative, NREFM, and tribe specified placement providers when a placement disruption occurs to determine why it occurred and what supports would have better supported the placement.

### **Educational/training needs to achieve this strategy**

Procure training for staff and care providers through the Quality Parenting Initiative

### **Roles of other partners in achieving this strategy**

The current foster families will be brought in as partners to expand recruitment and retention efforts.

CWS will continue to engage with the local tribal agencies to increase the availability of culturally appropriate caregiver homes for Native American children.

### **Evaluating and Monitoring**

Review the number of children placed in group homes; develop plans for all children to transition back into regular care within twelve months

Review the number of children initially placed with relatives, NREFM, or tribe specified homes and monitor for an upward trend.

## **Strategy # 7: Improved Health and Education Information**

### **Justification Rationale:**

The need for better and timelier health and education information was identified by the Courts, foster parents, and CWS staff. The outstanding needs of each child can be better identified when accurate Health and Education information is available. The baseline data shows that only 78.7% of required medical visits and 1.4% of dental visits have been completed for foster children, which is inconsistent with policy. This may be in part due to incomplete data entry and

the lack of communication between dental and medical providers, care providers and Department staff. CWS will employ a dedicated staff person for data collection and entry which will more clearly define if there is a problem with obtaining necessary services. To support this effort, social workers will be required to more consistently collect the monthly updated Health and Education passports from care providers so that new information can be input into the system reflecting a more current and accurate picture of the child's needs.

Additionally, CWS is working with the school system to further implement and define supports for foster youth in the school setting pursuant to the Local Control Accountability Plan. Building Healthy Communities (BHC) through the California Endowment is providing technical assistance to research electronic data sharing models used by other California counties. A workgroup has been formed to review that the information sharing meets the needs of all interested parties including the schools, the court, care providers, CWS and Juvenile Probation.

**Outcome Measure Effected: 4B**

**Action Steps**

- CWS will hire a vocational assistant for data entry.
- Social Workers will facilitate the monthly exchange of Health and Education passports with the care providers so that new information can be entered into the CWS/CMS.
- CWS will work with the local school district and community partners to develop a comprehensive plan to meet the academic needs of local foster youth.
- Policy and procedure will be developed to document the resulting changes.
- Staff will be trained in the practice changes.
- CWS will meet with local health care clinics such as Open Door Community Health Clinic and United Indian Health Services to explore the feasibility of electronically transmitting data from their electronic health record (EHR) to CWS/CMS.

**Educational/training needs to achieve this strategy**

- Vocational assistant will need CWS/CMS training
- Vocational assistant will take CORE training for CWS
- Staff trained on monthly turnaround of the Health and Education document

**Roles of other partners in achieving this strategy**

Foster parents update Health and Education Passport (HEP) monthly, adding all H&E services received during a month.



### Evaluating and Monitoring

A Staff Services Analyst will review wellbeing measures 5B 1 and 2 on a monthly basis to ensure there is an upward trend with compliance. Target Goal will be to reach 95% in both 5B-1 & 5B-2 by 2019.

### Strategy # 8: Enhance and Strengthen CWS After 18 Services

#### Justification Rationale:

Del Norte County's transitional age foster youth often struggle with After 18 Services because they are not prepared for the transition to adulthood due to lack of concrete job skills, employment and career goals and unresolved mental health and substance abuse conditions. These youth also struggle with setting healthy boundaries and living healthy lifestyles. The need is for more consistent mental health, drug and alcohol, health education, career and employment services, as well as closer monitoring, assessment and supervision. The youth often struggle to live on their own in Transitional Housing which includes THP Plus and THP + FC.

CWS will develop a plan to increase collaborative efforts and services to prepare foster youth for independent living and success with After 18 services. An important element for success is the need to increase supervision and case management services for all CWS youth and young adults over 16 years of age by the Department Social Worker, ILP Coordinator and the EA Case Manager and mentors. CWS will also advocate for increased services for Transitional Age Youth in regards to Alcohol and Other Drugs education and treatment, mental health and employment training.

#### Action Steps

- Provide referrals to all CWS youth 16 years of age and older for individual career planning, employment, and training case management services through the Department's Public Assistance and Employment and Training Branch.
- Utilize Transitional Age Youth Multidisciplinary Meeting (TAY/MDT) meeting on a monthly basis to discuss career planning and employment and training services, mental health and AOD services for TAY. The meeting should include; the ILP coordinator, CWS case manager, Transitional Housing case manager and mentors, AOD and mental health case managers, Employment and Training case managers, and the Del Norte County Unified School District's Foster Youth Services coordinator.
- On an annual basis, screen all ILP clients that are not currently receiving mental health or AOD services for assessment. Should these referrals and services be recommended, they will be included in the Transitional Living Plan (TILP).
- Refer all CWS youth age 18 (if they are not employed or have not completed their high school Diploma) to Opportunity Youth Initiative for ongoing case management services to achieve their High School diploma or gain meaningful employment before

they leave care.

- Ensure that the EA case manager is meeting with the Transitional Housing youth and young adults on a weekly basis or more often, to monitor and ensure that the youth and young adult is meeting the goals set forth in the (TILP), as well as identifying any barriers for self-sufficiency and successful completion of After 18 services.
- Ensure that the CWS case manager is meeting with youth over 16 years of age at a minimum twice monthly to monitor and ensure the youth is meeting the goals as set forth in the TILP as well as to monitor for safety and identify barriers to self-sufficiency and After 18 services.
- Ensure the EA mentor is meeting with the Transitional Housing participants at minimum on a weekly basis to facilitate the completion of the participant's TILP, as well as to identify any barriers to self-sufficiency and give that information to the EA case manager, the Department's social worker and the MDT.
- Ensure the ILP coordinator is making twice monthly contact with all CWS youth ages 16 and over as well as CWS After 18 youth involved in the Independent Living Program. In part, this will be done during ILP meetings and Basic Life Skills Classes offered at Coastal Connections -Youth and Young Adult Resource Center. All youth or young adults will be reminded about these meetings through avenues such as social media, texting, email, or by phone a minimum of a week before the meetings. If eligible youth are not participating in ILP services the ILP coordinator will notify the EA case manager and mentor and the Department social worker.
- Facilitate a meeting with Department's Public Health, Mental Health, and AOD program managers to identify service gaps for TAY. Develop a plan for the creation of these services.
- Facilitate a survey for TAY to help identify barriers and services gaps for youth and young adults making the transition into adulthood.

### **Educational/training needs to achieve this strategy**

Review best practice information and request technical assistance. Develop a policy for delivering After 18 Services.

### **Roles of other partners in achieving this strategy**

Participate in training and creation of policy and procedure.

### **Evaluating and Monitoring**

The ILP coordinator will develop a tracking mechanism for CWS/TAY completed referrals (requires engagement of the client) to community resources including MH, AOD and Career and Employment Services to ensure these needs are being met. CWS TAY will be screened annually

for mental health and AOD education and/or treatment needs by the ILP Coordinator. The type and duration of services for each client will also be tracked.

Face to face contacts and meetings for support and supervision through TAY MDT will be tracked to ensure that the youth are being seen multiple times per week and are receiving the support and supervision needed to be successful. If the youth is continuing to struggle, MDT partners will increase supervision and support as well as identify barriers for success.

Facilitate a survey of all TAY in the community to identify services gaps and advocate for identified services including increased MH and AOD education and treatment services both of which have been identified by local stakeholders working with the population.

#### Identified systemic changes CWS needs to further support improvement goals.

The County has not provided ongoing mental health services for the parents involved in CWS. The Mental Health Branch is part of the county's integrated system of services. Under new leadership, the Department is reviewing the integrated process whereby services are delivered using a whole person, recovery focus. Over the next two years the Mental Health and Alcohol and Other Drug Departments will be merging to create a single Behavioral Health Department. The intent is for Mental Health to move away from a crisis driven model to provide a full range of co-occurring capable services. During discussions with Remi Vista, gaps for services have been identified that the contract does not cover. Specifically, (1) transition services for youth returning from residential placement, (2) Intensive Care Coordination (ICC) for Katie A youth, (3) stronger THP case coordination, (4) after care services for families successfully completing reunification services, (5) family counseling, and (6) well-coordinated services to accomplish reunification within 12 months. While system change takes time to accomplish, CWS hopes to embed these services within the new Behavioral Health Department and enhance collaboration with children's care providers to increase the safety net for children, youth, and families.

Additionally, CWS has requested that the children's mental health provider implement Trauma Focused Cognitive Behavioral Care for all child welfare clients. While this has not yet occurred, CWS would like to work with Mental Health and their contracted children's provider to ensure that this can happen immediately.

While Katie A. has been implemented in the County, there remains a lack of coordination between partners. Additional effort is needed to insure that all components of the core practice model are being implemented with fidelity, to include a time frame and assignment of responsibility attached to the completion of missing elements. To increase coordination of

services, CWS will begin referring Katie A eligible children who have a positive screen to County Mental Health for ICC versus the children's mental health provider. There has not been comprehensive training for mental health, social services and children's mental health staff resulting in the lack of a common understanding and focus required for successful implementation. The Northern Training Academy is developing training for this purpose.

Disproportionality in Native American referral and placement rates is a primary concern for CWS. A community effort must be made to understand the underlying issues at the root of this phenomenon and how to make real and lasting changes as a community that will increase the stability of Native American families. CWS is currently working with the Yurok Tribe to develop an MOU in an effort to refine and formalize collaborative practice. CWS will undergo a similar process with other local Tribes.

The county school district recently implemented the Local Control and Accountability Plan (LCAP) which designates foster children as a group entitled to specialized services to promote academic success. Child Welfare will be working with the school district to ensure that the academic needs of foster children and youth are met. This process is moving forward and will be refined and formalized.

Wraparound services will become available to a broader segment of the population with the goal that any child/youth at risk of a higher level of care will be served through wraparound specifically to address and prevent removal. This will require additional funding to hire a facilitator and support staff needed to increase capacity. For wraparound to be successful there must be a coordinated plan to encourage and maintain broad support and participation.

Family search activities will be contracted out of CWS which requires proposals from qualified organizations with the knowledge base necessary to complete this activity.

CWS will be developing a plan to provide enhanced services for parent/child visitation. The plan will include the ability to provide parent coaching during visitation, nutrition education including meal preparation, shopping for healthy food on a budget, and educational and therapeutic groups available to parents and children.

Recruitment for foster care providers has been an ongoing challenge in the County. Too many children and youth are placed outside of the county primarily due to the inability of the County to recruit providers for children with difficult behaviors, developmental and medical needs and delinquency. With Katie A. now requiring multi-treatment foster care, additional resources are

needed to recruit, retain and train these special placement resources. An additional concern is the lack of Native American placement resources that are available upon initial detention. CWS would like to work in partnership with Probation, local Tribes, and Mental Health to develop strategies to meet the need to improve placement stability and keep placements local. CWS has begun inquiry into adopting the Quality Parenting Initiative to receive technical assistance with the goal of better recruitment, retention and training of care providers.

### **Juvenile Probation Performance Strategies**

As a result of the completed CSA, the Probation Department has identified 3 strategies to be implemented in new SIP. On the surface, Probation is meeting or surpassing the National Standards in the strategies identified. However, the data collected and evaluated is slightly skewed given the drawn-out entry of backlogged data. It is through the working knowledge of Probation case workers, the data from the CSA has been critiqued with the understanding of where Probation's needs truly lay. It was this process that identified the strategies selected for the SIP.

Though the strategies identified are three separate needs, they are so closely tied together; the action steps can be interchangeable for each need. The strategies identified were born from the need for the Probation Department to provide better quality services to probation youth, their families and programs involved in the placement process. Given the limited resources in Del Norte County, it is vital for Probation to implement strategies that will aid in efficient approaches to reach successful foster placement outcomes. It is for these reasons Probation has chosen to focus on the following strategies; Placement Stability, Reunification within 12 months, and Increase and Improve Data Entry and Quality.

#### Placement Stability

Past practices by Probation have focused more on choosing the first placement or program that would accept our youth, rather than the services provided/offered. This practice was highly ineffective in maintaining a youth's stability. Without intending to, this practice sent a message to the youth; Probation was not truly invested in the youth's needs. As well, often times the youth were sent hundreds of miles from home. In an online article, 'The Impact of Placement Stability on Behavioral Well-Being for Children in Foster Care,' published on June 9, 2009; the findings of the National Survey of Child and Adolescent Well-Being.

The survey evaluated 729 children who entered into foster care over an 18 month period. The survey showed children with unstable placement were more likely to have behavioral problems than children who achieved early stability. The survey concluded that children in placement who experience instability have a significant impact on behavioral well-being. Knowing this presents an opportunity for intervention.

The action steps Probation has developed will instruct the case workers in the process of reaching and maintaining placement stability. These actions steps are as follows; identifying a youth's needs and matching those needs with services provided by a specific placement. Continue to visit at least on a monthly basis to discuss and evaluate the youth's needs and whether they are being met. Maintain a resource to aid in matching a youth to appropriate placements. Develop a policy that includes the completion of monthly contact forms and a guide for assembling a monthly team meeting with the youth, caseworker and Probation Officer, as well as a quarterly meeting to include the youth, caseworker, Probation Officer, school representative, family, and any other support system that may be applicable. The policy will also include an outline of topics to discuss with the youth in regards to their options for supervision as a transitional youth. The Placement Supervisor will review the monthly contact forms to ensure their completion and detailed information. Develop and implement a tracking system to ensure the above mentioned Action Steps are being conducted. Ensure data is being entered accurately and completely in the various utilized data systems.

It is Probation's plan and goal to achieve and surpass the national standard by year four and maintain through year five. Probation's goals to be achieved by year are, for C4.1 standards; year one- 60% and improving by increments of 10% for the following three years, to reach and maintain 90% through year five. For C4.2 standards; year one- 40%, year two- 45%, year three- 55%, year four- 65%, maintaining at least 65% through year five. For C4.3 standards; year one- achieve and maintain at least 50% throughout the following four years. It is Probation's belief and goal that implementation of the action plans discussed above will aid in achieving placement stability for our youth in foster care.

Reunify within 12 Months

Whenever possible, youth should be maintained in their homes as long as their safety and well-being is not in jeopardy. In some cases, juvenile sex offenders for instance, timely reunification within 12 months is not possible due to the requirements of the placements. However, whenever possible, it should be the goal of every placing agency to achieve reunification of the youth with his/her family within 12 months. The California Welfare and Institutions Codes support this line of thinking by stating 'The placement continuum is described in this section and requires that the youth be placed in the least restrictive placement that will serve the youth's best interests and care. The selection shall consider in order of priority relatives, tribal members and foster family, group care and residential treatment.' (W&I 727.1) In the next section, it more specifically addresses reunification by stating 'This statute sets out the requirements for offering reunification services to a youth and parent except when reunification services were previously terminated.' (W&I 727.2)

Unlike placement stability, reunification has a dual focus on the youth and the parent/guardian. Probation believes to better aid with timely reunification, the parents/guardians need to become more involved and aided throughout the time the youth is in placement. In order to better involve and assist the parents/guardians, Probation has developed the following Action Steps; the parents/guardians will be included in team meetings held quarterly either in person or telephonically. Meet with the parents/guardians once a month in person and record visits in CWS/CMS. Include parent involvement in the policy stated in Strategy 1, Action Step D; implement a tracking system for each action step. Create a section on the current Probation's Monthly Contact form to ensure tracking and reporting of parent/guardian involvement and visits. The services offered to parents/guardians will be increased three months prior to the youth returning home; track services offered and if parent/guardian is engaged in said services. Home visits between the youth and parent/guardian will increase three months prior to reunification; track if visits are successful.

Probation believes that implementing these steps will create a stronger more cohesive team; a team that will display a heightened sense of having the best interests of the family as a priority. This practice will create more "buy-in" from the youth and parents/guardians. Probation's target goal regarding this outcome will be to exceed the National Standard by year five of the SIP. Starting in year one the Probation Department hopes to achieve 10% reunification within 12 months and continue to increase its percentages by ten percent increments achieving 50% by

year five. These percentages will not include our sex offenders in placement as the average placement requirements exceed 12 months.

### Data Quality

Web based tracking systems have connected multiple agencies for the betterment of data recording and sharing. Through these systems, agencies workload can be managed more efficiently and the completion of time sensitive matters can occur in a timely manner. Systems such as CWS/CMS are a prime example of the usefulness of such systems. Through CWS/CMS, agencies can share and utilize information inputted from one end of the state to the other. However, this highlights the importance of complete and accurate information being inputted into the system. CA.GOV defines CWS/CMS as:

'The CWS/CMS is a statewide tool that supports an effective Child Welfare System of services. The CWS/CMS improves the lives of children and families by giving service workers information to improve case work services and freeing them from repetitive tasks; provides policy makers with information to design and manage services; and fulfill State and Federal legislative intent.'

The Action Steps Probation has developed for this strategy are as follows:

- (1) Ensure Transitional Age Youth are being completely and accurately entered into CWS/CMS;
- (2) Conduct a review of 2F data, identifying any data entry issues, correcting those issues and input any missing data for all Probation placement youth. Placement Supervisor will track if 2F on a monthly basis.
- (3) Secure access for Safe Measures, utilizing the component on at least a monthly basis. Placement Supervisor will review Safe Measures, ensuring missing and/or incorrect data is inputted and corrected.
- (4) Begin utilizing the UC Berkley statistical Data Report to monitor data quality. The Placement Supervisor will work with CDSS consultant to monitor data quality.
- (5) Identify any training needs for Probation Officers and ensure the Placement Officer is accurately trained on data entry for CWS/CMS.



Given the importance of data entered into CWS/CMS, it is essential the information be added completely and accurately. Probation's targeted goals regarding data quality, is to have the Placement Officer and Supervisor fully trained and entering the data; of which all of the Probation placement data will have been entered by year five. Due to delayed entry of Probation placement data the current 2F percentage is not an accurate reflection of Probation's completed number of visits. Therefore, the goal for 2F is to reflect the accurate data through completion and upkeep of data entry. Achieving the outcome of the previous two goals will ensure the satisfaction of the final goal; which is complete and accurate data entry of C1 and C4.

### **C. Prioritize of Direct Service Needs – CAPIT/CBCAP/PSSF**

In 2005 the Del Norte County Child Abuse Prevention Council (CAPC) and Department of Health and Human Services responded to a community assessment identifying the need for an evidence based parent education program. Incredible Years Parenting Education Program was the model selected, as it is an excellent evidence based model used to teach parents about normal developmental behavior of children and appropriate disciplinary strategies. The program is contracted to the Del Norte Child Care Council, and funded by CBCAP and CAPIT dollars. The program enjoys the continued support of the CAPC and the community as a whole. Referral sources include: self-referral, CWS, Del Norte Unified School District, family law, community mental health, and healthcare providers.

The Incredible Years companion program for children, Dina Dinosaur, is provided both in the school and in a separate setting for children whose parents are involved in CWS reunification services and adoptive placement. This program is also contracted to the Del Norte Child Care Council. The Dina Dinosaur curriculum teaches children how to monitor and control their "emotional thermometer". The goal is for children to process their emotions in a way that is healthy rather than allowing them to build to the point where serious emotional dysregulation occurs. Emotional dysregulation can build upon itself eventually causing a child or youth to be at risk of placement in a higher level of care. Dina Dinosaur for children in out of home placement is specifically geared to 1) stabilize current placement 2) ease the transition for children and adoptive parents in pre-adoptive placements and 3) give the child strategies to use when they are reunified and having difficulty making the transition back into the care of their

parent(s). It is hoped that this program will positively impact re-entry, placement stability and adoptions outcomes.

CWS also chose to support Baby Steps, a weekly educational and peer support program for pregnant and parenting teens which helps facilitate the wellbeing and self-sufficiency of teen parents and their children. Mothers, fathers and babies are served by the program. To be enrolled, the participant must be in school or have graduated, be under 21 years old, consistently attend weekly meetings, be able to maintain confidentiality of other members, and participate in monthly one-on-one meetings with the Baby Steps coordinator. Topics that are discussed range from child development, nutrition, career and college preparation, newborn care, conflict resolution, parent education, and contraception/STD education. Incredible Years, Infant and Toddler Parent Education is taught by the Baby Steps program coordinator, maintaining consistency with the Incredible Years curriculum being taught to parents of children age 6-12 and offered in select school sites for children in Kindergarten through first grade. Baby Steps supports young parents with the goal of family preservation and family support. The goal is to reduce the likelihood of CWS referrals and to keep children safely in their home should a referral be received. This program is partially funded by the PSSF grant..

## Child Welfare Services and Juvenile Probation Initiatives

State and Federal initiatives implemented in Del Norte County include wraparound, Fostering Connections After 18, Continuum of Care Reform, and Katie A. services. Del Norte County will be reviewing and refining the current county Katie A MOU.

In addition, CWS is using the Safety Organized Practice service model integrated with Structure Decision Making for all CWS case management purposes. Each of these initiatives is essential to successful provision of services to children and families in support of the new SIP.

Probation plans on focusing on the continued application of the Fostering Connections After 18 Program. During the 2014 year, Probation has had one Non-minor Dependent (NMD) continue in the program, one NMD reenter into the program, and two NMDs enter into the program for the first time. The services provided to these youth included continued contact and support at least on a monthly basis with Probation's Placement Officer, frequent contact with the social worker through Environmental Alternatives (EA), the county contracted THP+FC provider, weekly to daily contact with an appointed mentor and ILP classes provided at Coastal Connections. Probation will ensure the continued necessity for this program by continuing and improving the communication between Probation, CWS, EA and ILP coordinator.

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## Del Norte County 2014-2019 YEAR SIP CHART

**CWS Priority Outcome Measure: (C1.3)** Of all the children discharged from foster care for the first time in a specified 6 month time period, what percent were discharged from foster care to reunification in less than 12 months from the date of the removal.

**National Standard:** 48.4% or higher

**CSA Baseline (Jan 2014) Performance:** 24.1% (8 out of 20)

**Target Improvement Goal:** Increase this outcome to 35% or higher by 2019

**CWS Priority Outcome Measure: (C1.4)** Of the children who reunified with their parent or guardian after being in foster care, what percentage of the children reentered foster care in less than 12 months from the date of reunification?

**National Standard:** 10% or lower

**CSA Baseline (Jan 2014) Performance:** 32.3% (10 out of 31)

**Target Improvement Goal:** Decrease this outcome to 15% or lower by 2019

**CWS Priority Outcome Measure: (4B):** Of the children placed in foster care during a "first placement", what percentage of children were placed in least restrictive environment.

**National Standard:** N/A

**CSA Baseline (Jan 2014) Performance:** First time entries: Foster Home 64% (64 out of 100), Relative 25% (25 out of 100), FFA 8% (8 out of 100), Group 0%, and Other 3% (3 out of 100).

**Target Improvement Goal:** Change initial placement to 60% with relative homes by 2019

**CWS Priority Outcome Measure: ( 5B-1 and 2):** This report provides the percentage of children meeting the schedule for Child Health and Disability Prevention (CHDP) and Division 31 medical and dental exams

**National Standard:** N/A

**CSA Baseline Performance:** 5B.1- 78.9%  
5B.2-1.4%

**Target Improvement Goal:** For both 5B measures, increase medical and dental exams to 95%.

**CWS Priority Systemic Factor:** Disproportionality of Native American Cases

**National Standard:** N/A

**CSA Baseline (June 2014 County) Performance:** 37%, (49 out of 133) of children in open CWS cases were Native American.

**Target Improvement Goal:** Decrease the percent of Native American children in open CWS cases to 18% by 2019.

**CWS Priority Systemic Factor:** After 18 Services

**National Standard:** N/A

**CSA Baseline Performance:** N/A

**Target Improvement Goal:**

1. Increase number of youth successfully completing and exiting transitional housing at age 21.
2. Increase outreach and access to ILP services for eligible youth ages 16-21.
3. 90% of all youth exiting after 18 services have an income.

**Juvenile Probation Priority Outcome Measure or Systemic Factor:** Placement Stability

**National Standard:** C4.1: 86%, C4.2: 65%, C4.3: 41%

**CSA Baseline Performance:** C4.1: 100%, C4.2: 100%, C4.3: 50%

**Target Improvement Goal:** Although it appears by the current data the Probation Department is meeting or exceeding the National Standards, our data is not completely accurate as we are in the process of updating the system with all of our placement youth. It is the goal to achieve the national standard by year four and maintain through year five. The Probation Department's goals by year are as followed: C4.1: Year one 60%, year two 70%, year three 80%, year four 90%, maintain 90 percent through year five. C4.2: Year one 40%, year two 45%, year three 55%, year four 65%, maintain 65% or higher through year five. C4.3: Year one achieve and maintain 50%.

**Juvenile Probation Priority Outcome Measure or Systemic Factor:** Reunify within 12 months

**National Standard:** C1.3 48.4%

**CSA Baseline Performance:** 0%

**Target Improvement Goal:** The target goal regarding this outcome will be to achieve above the national standard by year five of the SIP. In year one the Probation Department would like to achieve 10%, year two 20%, year three 30%, year four 40% and year five 50%. These percentages will not include our sex offenders in placement as the average placement goes beyond 12 months.

**Juvenile Probation Priority Outcome Measure or Systemic Factor:** Data Quality (2F, placement stability, reunification, and training new placement officers)

**National Standard:** Data Quality N/A, 2F: 90%, C1 and C4 see above

**CSA Baseline Performance:** 2F: 21.4%, C1.3 and C4.1-.3 see above

**Target Improvement Goal:** The targeted goal regarding our Data Quality is to have all of the Probation Placement Data entered into the system by year five and the placement officer or supervisor fully trained and entering the data. The targeted goal for 2F is to have the data in the system to show the accurate percentage, which is 100% although the current data does not indicate that correctly. Additionally, it is the targeted goal to have the data in C1 and C4 in the system accurately and completely by year five.

CWS Strategy 1: Safety Organized Practice	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3, C1.4, 4B	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Finalize SOP Policy and Procedure regarding internal referrals to SOP coordinator.	January 2015	January 2015	Susan Wilson
<b>B.</b> Training CWS staff on SOP P&P	January 2015	February 2015	Susan Wilson/Julie Cain
<b>C.</b> Review progress with SOP goals monthly, with CWS staff	January 2015	Monthly	Susan Wilson/Julie Cain
<b>D.</b> Offer SOP services to 100% of families in ER services - Document and track quarterly.	December 2014	Quarterly	Amber Davis



<b>E.</b> Increase the number of clients offered SOP services in ongoing unit, - Document and track quarterly.	January 2015	Quarterly	Amber Davis
<b>F</b> Increase the number of clients in ongoing FM and FR cases that participate in SOP services.	January 2015	quarterly	Amber Davis

CWS Strategy 2: Strengthen Wraparound Services	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3, C1.4, 4B	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Evaluate the current program to identify systemic strengths and needs and develop strategies to address identified needs	December 2014	June 2015	Roy Jackson
<b>B.</b> Update Policy and Procedure for Wraparound Services	July 2015	December 2015	Roy Jackson

<b>C.</b> Hire an additional Wraparound Facilitator and support staff	January 2015	July 2015	Crystal Markytan
<b>D.</b> Expand wraparound services to all child welfare families where the child is at risk of out-of-county placement.	January 2016	June 2016	Roy Jackson
<b>E.</b> Track participants having completed wraparound services bi-annually on CWS/CMS to correlate effective outcomes on reunification, re-entry, and placement stability.	January 2015	Quarterly	Amber Davis

CWS Strategy 3: Tribal MOU	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Disproportionality of Native American Cases.	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Develop a Memorandum of Understanding (MOU) with the Yurok Tribe	November 2014	January 2015	Julie Cain Crystal Markytan

<b>B.</b> Have MOU approved by County Counsel and the Yurok Tribal Council	January 2015	February 2015	Julie Cain Crystal Markytan
<b>C.</b> Develop MOU's with the Smith River Rancheria, Resighini Rancheria and Elk Valley Rancheria.	January 2016	November 2019	Julie Cain Crystal Marktan
<b>D.</b> Develop a policy and procedure for agency staff that relates to the MOU.	February 2015	April 2015	Julie Cain Amber Davis
<b>E.</b> Train agency staff on the MOU and Policy and Procedure.	April 2015	April 2015	Julie Cain

CWS Strategy 4: Mental Health Services for Adults	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 and C1.4	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Integrate mental health assessments and treatment plans with other plans of care such as health and education components.	December 2014	March 2015	Julie Cain/Crystal Markytan
B. Increased coordination and sharing of information by local agencies.	December 2014	Monthly	Julie Cain/Crystal Markytan
C. Culturally relevant training for staff to provide ongoing care that is sensitive to families' needs.	January 2015	Annually	Julie Cain
D. Encourage and support the use of best practice for prevention and treatment of co-occurring disorders (COD).	November 2014	Quarterly	Crystal Markytan
E. Discuss the expansion of mental health services to include family/group counseling.	November 2014	January 2016	Crystal Markytan

F. Coordinate to reduce the stigma of accessing mental health services by changing the language to trauma reduction and/or increase coping skills	November 2014	Monthly	Crystal Markytan
G. Track clients receiving mental health services and what form of services they receive.	January 2015	Quarterly	Julie Cain/Amber Davis

CWS Strategy 5: Enhanced Visitation	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 and C1.4	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Complete the review of the visitation policy and procedure.	November 2014	December 2014	Julie Cain Roy Jackson
B. Visitation staff and new social workers to attend the Incredible Years parenting class	November 2014	As needed, with new staff during the next 5 years	Julie Cain Roy Jackson

<b>C.</b> Interactive visitation coaching.	January 2016	March 2016	Roy Jackson Crystal Markytan
<b>D.</b> Reviewing options for supervised visitation locations.	January 2015	April 2015	Crystal Markytan
<b>E.</b> Require that 10% of visits be viewed by the assigned social worker-document and track.	November 2014	January 2015	Julie Cain/Amber Davis

CWS Strategy 6: Increase Local Placement Capacity	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 and C1.4	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b>  Maintain the workgroup started with the Blue Ribbon Commission related to recruitment and retention of foster parents	November 2014	Ongoing	Deanna Perry-Ellis
<b>B.</b> Initiate the steps to engage the county in the Quality Parenting Initiative	November 2014	October 2015	Crystal Markytan/ Julie Cain
<b>C.</b> Increase efforts for Family Search and Engagement through contracting services.	November 2014	June 2015	Crystal Markytan
<b>D.</b> Track family search and engagement efforts by documenting in CWS/CMS under Family Search tab.	December 2015	Bi-annually	Amber Davis

CWS Strategy 7: Health and Education Passport	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): 4B	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Hire a social services aide.	November 2014	November 2014	Crystal Markytan
B. Train the social services aide on policies and procedures of CWS.	November 2014	January 2015	Susan Wilson
C. Train the social services aide on CWS/CMS.	November 2014	February 2015	Susan Wilson
D. Train the social services aide on Safe Measures.	November 2014	February 2015	Susan Wilson
E. Input 2014 health, dental, and education information. After becoming current, update passports	January 2015	April 2015	Susan Wilson



F. Track safe measures 5B1 and 5B2 monthly to make sure data entry is on a steady climb. Target Goal is to reach 95% in both 5B-1 and 5B-2, 2019.	November 2014	Monthly	Amber Davis
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CWS Strategy 8: After 18 Services	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): SF: After 18 Services	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Provide referrals to all CWS youth 16 years age and older for individual services and case management for career planning and employment and training services through the Public Assistance and Employment and Training Branch. A completed referral will include confirmation that services are being rendered.	December 2014	As needed	Julie Cain
B. Utilize the TAY MDT meeting for career planning, employment and training services, MH services, and AOD services to discuss ILP participants.	December 2014	Monthly	Julie Cain

C. On a re-occurring basis re-refer all ILP clients not currently receiving mental health services and or AOD services for new assessments.	December 2014	Quarterly	Julie Cain
D. Refer all CWS youth age 18 (if they are not employed or have not completed their high school Diploma) to Opportunity Youth Initiative for ongoing case management services.	December 2014	This will be completed as needed and monitored quarterly	Roy Jackson Julie Cain
E. Ensure that the Environmental Alternatives case manager is meeting with the Transitional Housing youth and young adults on a weekly basis to monitor and ensure that participants are meeting the goals set in the (TILP). Monthly meetings with Case Manager and CWS supervisor.	December 2014	Quarterly	Julie Cain
F. The CWS Case Manager will meet with youth over 16 years of age on a bi-weekly basis to monitor and ensure that the youth are meeting the goals set forth in the TILP.	December 2014	Quarterly	Julie Cain
G. Monitor that the EA Mentor meets with the Transitional Housing participants at least on a weekly basis to facilitate the completion of participants TILP, as well as identify any barriers to self-sufficiency and	December 2014	Quarterly	Julie Cain

relay that information to the EA and CWS social worker as well as the ICMT team.			
H. Ensure that the ILP coordinator is making bi-weekly contact with all CWS youth ages 16 to 21, preferably in their home.	December 2014	Quarterly	Julie Cain
I. Facilitate a meeting with Public Health, Mental Health, and AOD program managers to identify service gaps for transitional age youth.	January 2015	February 2015	Crystal Markytan Roy Jackson Julie Cain
J. Facilitate a survey for CWS transitional age youth to help identify barriers and service gaps for youth and young adults making the transition into adulthood.	December 2014	Quarterly	Julie Cain Roy Jackson Amber Davis

Probation Strategy 1: Increase participation and youth engagement with case planning.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Placement Stability, Least Restrictive Placement, Timely Reunification, Data Quality	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Identify youth's needs and fit them with a placement that specifically addresses their needs.	April 2014	Will be completed on a case by case need	Assigned Probation Officer and Supervisor
<b>B.</b> Continue to visit, discuss and assess the youth's needs with the youth to ensure their needs are being matched every month.	May 2014	Completed Monthly	Assigned Probation Officer and Supervisor
<b>C.</b> Maintain a resource binder or program that will assist in matching youth with appropriate placements.	October 2014	January 2015	Assigned Probation Officer and Supervisor
<b>D.</b> Implement monthly contact form and develop a policy that includes completing the form and holding a team meeting between the youth, caseworker and probation officer once per month and a team meet between the parties listed and include the school, family, and other support system for the youth one time per quarter. The policy will also cover	March 2015	June 2015	Supervising Probation Officer and Assistant Chief

speaking to the youth about their options for supervision as a transitional age youth.			
<b>E.</b> Supervisor will review the monthly contact form every month to ensure it is filled out in great detail.	June 2015	Will be completed monthly	Supervising Probation Officer
<b>F.</b> Develop and implement a tracking to ensure that Action Steps A through E are taking place.	March 2015	January 2016	Supervising Probation Officer and Assistant Chief
<b>G.</b> Ensure data is being entered into the system accurately and completely.	January 2015	Completed at least monthly or as needed.	Supervising Probation Officer

Probation Strategy 2: Parent Involvement	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Placement Stability, Timely Reunification, Least Restrictive, Data Quality	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Include the parent in team meetings every three months (can be telephonic).	February 2015	Completed as needed and monitored quarterly	Assigned Probation Officer and Supervisor
<b>B.</b> Meet with the parents once per month in person and input when the visits are completed in CWS/CMS.	January 2015	Completed monthly	Assigned Probation Officer and Supervisor
<b>C.</b> Include parent involvement in the policy mentioned in Strategy 1: Action Step D. Implement a tracking system for each action step.	June 2015	Updated quarterly	Supervising Probation Officer and Assistant Chief
<b>D.</b> Add a parent section to the Probation Department's current monthly form to ensure tracking and reporting parent involvement and visits.	February 2015	February 2015	Supervising Probation Officer and Assistant Chief
<b>E.</b> Increase services to parents three months prior to youth returning home and track what the services are and if the parents are engaged in the services.	February 2015	Completed on case by case need. Tracked monthly	Assigned Probation Officer and Supervisor

<b>F.</b> Increase home visits for the youth three months prior to reunification and track if the visits are successful.	February 2015	June 2016. Tracked monthly	Assigned Probation Officer and Supervisor
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Probation Strategy 3: Increase data input and improve data quality assurance	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Quality Data, Placement Stability, Timely Reunification, 2F, 4B	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Ensure that Transitional Age Youth are being accurately and completely put in to CWS/CMS.	March 2015	Complete by September 2015. Update Monthly	Assigned Probation Officer and Supervisor
<b>B.</b> Review 2F data, identify data entry issues, correct issues and input missing data for all placement youth.	March 2015	Complete by September 2015. Update monthly as needed	Assigned Probation Officer and Supervisor
<b>C.</b> Secure usage of Safe Measures and use it on a monthly basis.	December 2014	February 2015	Supervising Probation Officer and Assistant Chief
<b>D.</b> Supervisor will review Safe Measures and ensure that missing and incorrect data is inputted and corrected.	December 2014	Reviewed Monthly. Completed as needed	Supervising Probation Officer
<b>E.</b> Start using the UC Berkley static data report to monitor data quality.	March 2015	January 2016. Complete quarterly	Assigned Probation Officer Supervising Probation Officer



<b>F.</b> Supervisor will work with California Department of Social Services, Children Services Outcome and Accountability Bureau to monitor data quarterly.	March 2015	January 2016. Complete quarterly	Supervising Probation Officer
<b>G.</b> Supervisor will track if 2F is being done on a monthly basis.	March 2015	September 2015. Complete quarterly	Supervising Probation Officer
<b>H.</b> Identify training for Probation Officers and ensure placement officer is trained inputting in to the CWS/CMS system.	September 2014	January 2016. Completed as needed.	Supervising Probation Officer

ATTACHMENT 1

CAPIT/CBCAP/PSSF Expenditure Workbook  
Proposed Expenditures  
Worksheet 1

(1) DATE SUBMITTED: 9/26/14 (2) DATES FOR THIS WORKBOOK 7/1/14 thru 6/30/15  
(4) COUNTY: Del Norte (3) PERIOD OF SIP: 11/19/14 thru 11/19/19 (6) YEARS: 1

(3) DATE APPROVED BY OCAP  
Internal Use Only

(7) <u>ALLOCATION</u> (Use the latest Fiscal or All County Information Notice for Allocation):					CAPIT: \$		51,674	CBCAP: \$26,897		PSSF: \$24,095							
No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	<u>CAPIT</u>		<u>CBCAP</u>		<u>PSSF</u>						<u>OTHER SOURCES</u>	<u>NAME OF OTHER</u>	<u>TOTAL</u>
					Dollar amount to be spent on CAPIT Programs	CAPIT is used for Admin instruction	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Admin instruction	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Times Limited Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount to be spent on PSSP activities (Sum of columns G1-G6)	PSSF is used for Admin instruction	Dollar amount from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program (Sum of Columns E, F, G)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
1	Incredible Years		Del Norte Child Care Council		\$51,674		\$26,897	X	\$0	\$0	\$0	\$0	\$0		\$0		\$78,571
2	Dina Dinosaur (Foster and Adoptive youth)		Del Norte Child Care Council		\$0		\$0		\$0	\$0	\$4,819	\$4,819	\$9,638	X	\$0		\$9,638
3	Baby Steps		CWS		\$0		\$0		\$7,229	\$7,228	\$0	\$0	\$14,457	X	\$0		\$14,457
4					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
5					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
6					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
7					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
8					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
9					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
10					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
11					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
12					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
13					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
14					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
15					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
Totals:					\$51,674		\$26,897		\$7,229	\$7,228	\$4,819	\$4,819	\$24,095		\$0		\$102,666
									30%	30%	20%	20%	100%				

## Attachment 2

## Worksheet 2

(2) YEARS: 2014-2019

[illegible]

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## CAPIT/CBCAP PROGRAM AND EVALUATION DESCRIPTION

**PROGRAM NAME:**

Incredible Years Parenting Education

**SERVICE PROVIDER:**

Del Norte County Child Care Council

**PROGRAM DESCRIPTION:**

This program focuses on strengthening parent-child interactions and attachment, reducing harsh discipline and fostering parents' ability to promote children's social, emotional, and language development. Parents also learn how to encourage school readiness skills so that they can promote children's academic as well as social skills and emotional literacy. This program is based on 4 components: play, praise and reward, effective limit setting, and handling misbehavior.

Incredible Years basic parent education is one in series of three interlocking, comprehensive, and developmentally based programs targeting parents, teachers and children. The training programs that compose the Incredible Years Series are guided by developmental theory on the role of multiple interacting risk and protective factors in the development of conduct problems. The three programs are designed to work jointly to **promote emotional, social, and academic competence** and to **prevent, reduce, and treat behavioral and emotional problems** in young children. In the parent, teacher and child training programs, trained facilitators use video vignettes to structure the content and stimulate group discussions, problem solving and trigger practices related to participants' goals. Del Norte County is currently providing Basic and Infant/Toddler Parenting Education and Dina Dinosaur in selected school sites and with dependent children age six to twelve.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
<b>CAPIT</b>	Incredible Years Parent Education Course/School Based Dina Dinosaur
<b>CBCAP</b>	Incredible Years Parent Education Course/School Based Dina Dinosaur
<b>PSSF Family Preservation</b>	N/A
<b>PSSF Family Support</b>	N/A
<b>PSSF Time-Limited Family Reunification</b>	N/A
<b>PSSF Adoption Promotion and Support</b>	N/A

## Identify Priority Need Outlined in CSA

Incredible Years parent education goals include promoting emotional, social, and academic competence and the prevention, reduction, and treatment of behavioral and emotional problems which support family stability. This program has been in place for approximately nine years and is well regarded in the community with a high participation level, therefore parent education was not identified as a need in the CSA.

According to the CSA, 21.5% of residents in Del Norte County are living below poverty level. (CSA, pg. 19) This rate is significantly higher than the state rate. Chronic poverty is positively linked to child abuse and neglect and juvenile incarceration. 80% of allegations are for general neglect (CSA p. 32); 26% of allegations are for children 6-10 years of age (CSA, pg. 27-29); 18% of first entries in care are for 6-10 year olds. (CSA, pg. 32); 533 children are enrolled in special education attending public school in grades K-12 (CSA, pg. 25); there is commonly a waiting list for the Incredible Years parenting class which works in tandem with school based Dina Dinosaur.

Based on the information above, there is an ongoing need in the community to support families with children between the ages of six and twelve. At this time it is only offered in English.

## Target Population

CWS and non-CWS involved parents with children between the ages of six and twelve are the target population for Incredible Years parent education. Referrals to the program are made by Child Welfare (voluntary and mandated cases), Mental Health, County Schools, the Family Law Facilitator, the Court Mediator, Family Resource Center, individuals seeking parent education, and other community partners.

## Target Geographic Area

Unlike larger counties with greater population density and regional differences, Del Norte County is more homogenous in terms of population factors. There is only one incorporated city in the county. Therefore the target geographic area would be the county in its entirety. The contract provider, Del Norte Child Care Council, rotates the class to accommodate outlying areas.

## TIMELINE

November 2014 to November 2019

# EVALUATION

## PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Parents will strengthen their parent-child interactions and attachment	80% of parents/caregivers show improvement with interactions with children	Paper based pre and post parent survey and IY coordinator observations	Each 14 week program
Parents will demonstrate their ability to use the skills and concepts acquired in the parenting class	80% of parents will demonstrate their ability to use the skills and concepts they have acquired in class.	Social workers will evaluate parent's interaction with their children, using Section C of the "Parenting Techniques of the Parent Program Satisfaction Questionnaire" during visitation to determine if the parent is demonstrating techniques learned from IY.	Monthly
Evaluation of parent progress with skills learned in IY	Review Social Worker Parent Evaluation	Staff services analyst will review tools.  The review will provide information on the ability of the IY graduates to demonstrate positive parenting techniques learned through the Incredible Years Parent Education program.	Quarterly

## CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Incredible Years Pre and Post Test Survey	90% of pre/post surveys will be completed by participants at the beginning and the end of the 14 week session	The staff services analyst will review surveys to assess parent program satisfaction.	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement



## PSSF PROGRAM AND EVALUATION DESCRIPTION

### PROGRAM DESCRIPTION

**PROGRAM NAME:**

Baby Steps

**SERVICE PROVIDER:**

Child Welfare Services

**PROGRAM DESCRIPTION:**

Baby Steps is a weekly educational and peer support program for pregnant and parenting teens, which helps facilitate the wellbeing and self-sufficiency of teen parents and their children. The curriculum uses components of a number of evidence based and evidence informed practices. Both mothers and fathers are served by the program. To be enrolled, the person must be in school or graduated, be under 21 years old( or demonstrates a need for services beyond age 21), consistently attend weekly meetings, be able to maintain confidentiality of other members, and participate in monthly one-on-one meetings with the Baby Steps coordinator. Topics that are discussed range from child development, nutrition, career and college preparation, newborn care, conflict resolution, parent education, and contraception/STD education. Incredible Years, Infant and Toddler Parent Education is taught by the program coordinator.

Referrals to the program are made through a variety of youth serving community partners including, Child Welfare Services, Coastal Connections- Youth and Young Adult Resource Center, Del Norte Unified School district, all DHHS branches, and self-referral. The program is voluntary, participation is open for as long as the youth/young adult meet the enrollment criteria. At this time, the program is offered in English only.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
<b>PSSF Family Preservation</b>	Baby Steps
<b>PSSF Family Support</b>	Baby Steps
<b>PSSF Time-Limited Family Reunification</b>	N/A
<b>PSSF Adoption Promotion and Support</b>	N/A

### IDENTIFY PRIORITY NEED OUTLINED IN CSA

The rate of infants born to teenage girls between 15-19 was 39.5 per 1,000 infants born. This was a total of 34 infants in 2011 born to teen parents. (CSA, pg. 22). The teen birth rate in the county continues to be a concern as teen parents have few parenting skills with few resources leaving the young family at risk for abuse and neglect. (CSA, pg. 26)

### TARGET POPULATION

This program is available to all pregnant and parenting teens. The program is voluntary, serving CWS and non-CWS parents.

### TARGET GEOGRAPHIC AREA

Unlike larger counties with greater population density and regional differences, Del Norte County is relatively homogenous in terms of population factors. There is only one incorporated city in the county. Therefore the target geographic area would be the county in its entirety. Transportation is provided for those teens and young adults participating from outlying areas. The program is funded through a combination of resources including: Coastal Connections, Child Welfare Services, and PSSF Family Preservation and Family Support.

### TIMELINE

November 2014 to November 2019

## EVALUATION

### PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Eliminate or reduce Child Welfare contact	Zero (0) substantiated referrals on participating teen and young adult parents	Baby Steps participants cross matched with Child Welfare activity	Quarterly

### CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Parent Satisfaction survey	Quarterly	Administered by program coordinator and reviewed by coordinator supervisor and staff services analyst	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement.

## PSSF PROGRAM AND EVALUATION DESCRIPTION

### PROGRAM DESCRIPTION

**PROGRAM NAME:**

Dina Dinosaur – Foster Care

**SERVICE PROVIDER:**

Del Norte Child Care Council

**PROGRAM DESCRIPTION:**

Dina Dinosaur is the school aged children's component of the Incredible Years Series. This program is designed to promote emotional and social competence; and to prevent, reduce and treat behavior and emotional problems in young children. Participation will improve reunification, re-entry and adoption outcomes particularly when paired with an adult (natural or adoptive) who has completed the Incredible Years parent education course.

The dependency version of the program is conducted in two sessions; one beginning in October and the second session beginning in May and is held at the local Family Resource Center. Each session is 13 weeks long. This program is offered to children in foster care and to those in an adoptive placement who are ages 4-10. A class syllabus is given to each caregiver to promote discussion of the children's behaviors and the instructor also charts their observations of the children's behavior.

Additionally, The Del Norte Child Care Council also provides the Dina Dinosaur program at selected school sites throughout the county. This program is an extension of the CBCAP/CAPIT funded Incredible Years parent education.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
<b>CAPIT</b>	N/A
<b>CBCAP</b>	N/A
<b>PSSF Family Preservation</b>	N/A
<b>PSSF Family Support</b>	N/A
<b>PSSF Time-Limited Family Reunification</b>	Dina Dinosaur (Foster children)
<b>PSSF Adoption Promotion and Support</b>	Dina Dinosaur (Foster and adopted children)

## **IDENTIFY PRIORITY NEED OUTLINED IN CSA**

Dina Dinosaur is a fun and informative program helping children to positively recognize and process their emotions. Children entering the foster care system have most often been exposed to a chaotic and unpredictable home life which can result in the inability to emotionally regulate. Early intervention can help a child to be more successful in a foster and/or adoptive placement, upon return to their home or origin following successful reunification, and as an adult.

When reviewing the CSA, it showed that 80% of allegations received by CWS are for general neglect (CSA pg. 32); 26% of allegations include children ages 6-10 years old (CSA, pg. 27-29); Indicating that parents need help with basic parenting skills for this age group. 18% of first entries into care are for children 6-10 years old. (CSA, pg. 32); 43% of children in care are age five or younger (CSA, pg.). Since Dina Dinosaur teaches the children the same language for communication as Incredible Years parenting classes do for adults, it is hopeful that this program will assist in lowering neglect allegations by giving families a way to communicate. Dina Dinosaur addresses emotional regulation to the children; emotional dysregulation is a common barrier to placement stability.

## **TARGET POPULATION**

Foster Care Dina Dinosaur is targeted to children ages 4-10, in foster care under a family reunification (FR) or permanent placement (PP) service component and for those age eligible children already having been adopted.

## **TARGET GEOGRAPHIC AREA**

Unlike larger counties with greater population density and regional differences, Del Norte County is relatively homogenous in terms of population factors. There is only one incorporated city in the county. Therefore the target geographic area would be the county in its entirety. Outlying regions of the county are served through the rotation of school sites. Dependent and adopted children participating in Dina Dinosaur are transported by the foster parent, adopted, or child welfare staff.

## **TIMELINE**

November 2014 to November 2019

## EVALUATION

### PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Children show a greater level of emotional and social competence	80% of children who have completed the program will show an increased level of emotional and social competence evidenced by their increased ability to emotionally regulate.	Foster and adoptive parents will complete a tool evaluating the child's social and emotional skills	paper based pre and post survey
No recurrence of maltreatment	80 % of children receiving Dina Dinosaur will not have a recurrence of maltreatment within 6 months after the session is completed.	Review recurrence of maltreatment indicator for children who have participated in Dina Dinosaur	6 months after the session has ended.

### CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Parent's Satisfaction Questionnaire	Completed by foster and adoptive parents at the end of each 12 week session	Surveys are reviewed after each session	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

**CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES**FOR DEL NORTE COUNTY

PERIOD OF PLAN (MM/DD/YY): 11-19-14 THROUGH (MM/DD/YY) 11-19-19

The County Board of Supervisors designates Del Norte County Department of Health and Human Services as the public agency to administer CAPIT and CBCAP.

**W&I Code Section 16602 (b)** requires that the local Welfare Department administer the PSSF funds. The County Board of Supervisors designates Del Norte County Department of Health and Human Services as the local welfare department to administer PSSF.

**FUNDING ASSURANCES**

The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute<sup>1</sup>:

- Funding will be used to supplement, but not supplant, existing child welfare services;
- Funds will be expended by the county in a manner that will maximize eligibility for federal financial participation;
- The designated public agency to administer the CAPIT/CBCAP/PSSF funds will provide to the OCAP all information necessary to meet federal reporting mandates;
- Approval will be obtained from the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) prior to modifying the service provision plan for CAPIT, CBCAP and/or PSSF funds to avoid any potential disallowances;
- Compliance with federal requirements to ensure that anyone who has or will be awarded funds has not been excluded from receiving Federal contracts, certain subcontracts, certain Federal financial and nonfinancial assistance or benefits as specified at <http://www.epls.gov/>.

In order to continue to receive funding, please sign and return the Notice of Intent with the County's System Improvement Plan to:

California Department of Social Services  
Office of Child Abuse Prevention  
744 P Street, MS 8-11-82  
Sacramento, California 95814

\_\_\_\_\_  
County Board of Supervisors Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

BOARD OF SUPERVISORS  
COUNTY OF DEL NORTE  
STATE OF CALIFORNIA

RESOLUTION NO. B 009-004

A RESOLUTION REORGANIZING CHILDREN'S SERVICES COORDINATION COUNCIL AND ESTABLISHING THE CHILD ABUSE PREVENTION COORDINATING COUNCIL AS AN INDEPENDENT ORGANIZATION WITHIN COUNTY GOVERNMENT

WHEREAS, the Board of Supervisors adopted Resolution 93-119 establishing the Children's Services Coordination Council on November 23, 1993, pursuant to Welfare and Institutions Code Section 18986.10;

WHEREAS, the Board of Supervisors also adopted Resolution No. 94-33, by which the Children's Services Coordination Council, and the Child Abuse Prevention Coordinating Council were combined to establish the Interagency Family Services Council;

WHEREAS, on June 27, 1995, the Board of Supervisors adopted Resolution No. 95-82, by which (1) the Interagency Family Service Council was reorganized and renamed the Children's Services Coordination Council and (2) Resolution Nos. 93-119 and 94-33 were rescinded to the extent they conflicted with Resolution No. 95-82;

WHEREAS, the prevention of child abuse and the community's ability to respond to child abuse are of paramount concern to the citizenry of Del Norte County;

WHEREAS, the Board of Supervisors wants to promote all reasonable measures to defend, develop, and protect the interests of the children of Del Norte County to be healthy, safe, and nurtured;

WHEREAS, the establishment of an independent organization within County government that is focused exclusively on the prevention of and response to child abuse will enhance the community's ability to defend, develop, and protect these interests;

WHEREAS, the Board of Supervisors concludes, for the reasons set forth herein, that the establishment of an independent organization within County government pursuant to Welfare and Institutions Code Section 18983.5 will better serve the primary purpose of the Child Abuse Prevention Coordinating Council Act, which is to respond to and prevent child abuse by promoting and enhancing the coordination of prevention efforts among families, professionals, and agencies at the community level;

WHEREAS, within the Children's Services Coordination Council, a committee known as the Child Abuse Prevention Coordinating Council has been meeting to

**BOARD OF SUPERVISORS  
COUNTY OF DEL NORTE  
STATE OF CALIFORNIA**

**RESOLUTION NO. 2005-28**

**RESOLUTION APPROVING THE DEL NORTE COUNTY CHILD ABUSE  
PREVENTION, INTERVENTION AND TREATMENT/COMMUNITY-BASED  
FAMILY RESOURCE AND SUPPORT/PROMOTING SAFE AND STABLE  
FAMILIES (CAPIT/CBFRS/PSSF) GRANT APPLICATION AND THREE-  
YEAR PLAN**

**WHEREAS**, the effects of child abuse and neglect are felt by whole communities; and

**WHEREAS**, prevention programs offer positive opportunities for parents to learn skills and to connect to community supports, and therefore to succeed as parents; and

**WHEREAS**, effective child abuse and neglect prevention programs can succeed through early intervention and partnerships created among all community organizations and agencies serving families and children; and

**WHEREAS**, funds are available from the State of California, and the Federal Government to fund the improvement and expansion of prevention and early intervention programs in Del Norte County; and

**WHEREAS**, the Children's Services Coordinating Council is an established, successful council of child and family service providers in existence for almost 10 years; and

**WHEREAS**, a Children's Trust Fund has been established in Del Norte County and the Children's Services Coordinating Council, acting as the local Child Abuse Prevention Council, has been designated by the Board of Supervisors as the advisory council for its administration (W&I Code, Section 18950 et. seq.); and

**WHEREAS**, the Children's Services Coordinating Council has been designated to fulfill Promoting Safe and Stable Families planning activities (Title IV-B, Subpart 1 & 2); and

**NOW, THEREFORE, BE IT RESOLVED THAT THE COUNTY OF DEL NORTE, CALIFORNIA**, designates the Children's Services Coordinating Council as Del Norte County's Child Abuse Prevention Council (W&I Code, Section 18980 et.